ON

MOTION IN PLANTS AND ANIMALS.

A Discourse delivered at the Royal Institution of Great Britain,

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VITAL MOTION is at once associated with our idea of an animal. We speak of voluntary motion as emphatically an animal function. And this truly and naturally; for it is in the animal kingdom that we are accustomed to witness motion which depends on the vital property of a structure, and those movements with which we are most familiar—those seen in ourselves and in the higher animals we know to be usually under the influence of a will. But while the power of producing motion, and motion too which depends on the vital property of a structure, is an attribute of the vegetable as well as of the animal kingdom, voluntary motion, in the proper acceptation of the term, is restricted to a portion of the animal kingdom.

Voluntary motion is therefore an animal function, inasmuch as there is no evidence whatever that any movement in plants is voluntary; at the same time it must be remembered there is not a tittle more evidence that the motion exhibited by the largest number of animals is voluntary. Nor is it possible to say when or where the earliest indications of voluntary motion appear—that is to say, a movement under the influence of a will; but, undoubtedly, the application of the phrase should be restricted within much narrower limits than it commonly is.

We are apt to confound the term voluntary with the visible adaptation of a movement to an obvious purpose; but a passing consideration of some of our own functions will render this error manifest. For example, what movements are more obviously adapted to a definite purpose than those of the muscles of respiration—the muscles by whose action the respiratory movements are effected? Yet we know that neither the will nor even consciousness is at all times concerned in them, for they work most efficiently during the profoundest sleep.

Again, the evident purpose and adaptation manifested in the movements of animals—the cold-blooded, for example—when beheaded, must be admitted to be independent of will or consciousness, or we are driven to the extravagant assumption that these faculties may remain after the brain is removed.

Pass at once to the other extreme of animal life, and watch the movements of the infusoria. What actions do they exhibit more entitled to be called voluntary than those just mentioned? When we observe the movements which these active atoms accomplish we are prone, from our preconceived ideas of motion as we commonly witness it in the higher animals and in ourselves, to consider it voluntary without sufficient evidence.

Nor is it only in the lowly organized infusoria that we seek in vain for any evidence of the existence of a will. There are no good grounds for concluding that the actions of creatures far beyond these are in their nature voluntary.

The conviction that the adaptation of a movement to a definite purpose is evidence of its voluntary character reminds one of the story told of a celebrated chemist, who, on taking potassium for the first time into his hand, and understanding that it was a metal, exclaimed, "How heavy!"

Be it remembered that there is no more evidence of the existence even of nerve-force in the simplest animals than in plants. No trace of nerve-structure has as yet been demonstrated. The visible adaptation of a movement to an obvious purpose is therefore not necessarily evidence that it is voluntary. It by no means implies even consciousness; far less of itself does it indicate a will.

Still more closely is locomotion associated with our idea of the nature of an animal. And although, when the higher individuals or extreme forms of the two kingdoms are compared, the power of locomotion is undoubtedly a striking and distinctive attribute of an animal, yet, while on the one hand vast numbers of the lower animals are fixed to one spot, on the other many of the lowest forms of vegetable life possess the power of locomotion. Amongst the lowest members of either kingdom many are locomotive in the earlier and fixed in the later periods of their existence—algæ, sponges, vorticellinæ, for examples. Some others, again, are locomotive only during the later stages of their existence.

The movements which are exhibited by living beings are not only very various in themselves, but obviously dependent on widely different causes. They may, I think, be thus classified:*—

1st. Motion due to extraneous causes.

Under this head let me allude to the peculiar movement which may be observed in the minutest granules or molecules of matter when viewed by the highest powers of the microscope. This kind of motion is called molecular movement. On examining certain fluids—as, for example, milk—with a power of four or five hundred diameters, the smallest of the granules or molecules with which the field of the microscope is crowded are seen to be in continual motion; many vibrate, and others seem to describe curves or circles, the activity and extent of the movements being generally inversely as the size of the particles. A like motion is manifest in the minutest visible particles of most kinds of matter, whether animal, vegetable, or mineral, when placed in a fluid which is not too tenacious. When different substances are mixed with water, the most energetic movements are commonly seen in the fatty and resinous particles. Hence, some of the gum resins, when finely pulverized, display this motion unusually well. Molecules of pigment, too, whether from animal or vegetable cells, are especially adapted to show it. The liquid contents of cells sometimes offer the necessary conditions, or where these are not present the reception of water by endosmosis will often supply them. Hence we frequently find that the minute granules contained in some vegetable and animal tissues exhibit an active and protracted molecular movement.

This motion can be recognised only under high powers. Its velocity is therefore very small. In fact, approximate estimates of time and space show that a molecule, even under the most favourable circumstances, moves at the rate of less than $\frac{1}{1000}$ of an inch in a second†—that is to say, any single particle would take nearly two hours to traverse one inch of space.

No one thinks nowadays of attributing this motion to any vital force. It doubtlessly depends mainly on a mechanical cause. It is due, in great part at least, simply to vibration. This source of disturbance it seems to be impracticable to eliminate altogether by any skill and ingenuity in the construction of our microscopes. This will be readily understood when we consider what faint vibrations must be sufficient to shake atoms of matter so minute as to be visible only through the highest powers of the microscope, which, of course, proportionally multiply to our observation the actual amount of motion produced.

It may be that currents due to changes in the temperature of the fluid must have some influence upon these movements, so also may they sometimes be affected by its evaporation. It is not easy to determine whether other causes are in operation.

2nd. Next come the movements which are due to osmotic currents and other hygroscopic changes.

In the vegetable kingdom there are numerous instances of motion so produced. The remarkable expulsion of the seeds from the ripe fruit of the spirting cucumber (Momordica elaterium) has been generally referred since the explanation which Dutrochet gave of the process to the effects of osmosis. It is well known that in this striking instance a rupture suddenly occurs at the articulation of the ripe fruit with its peduncle, and this is immediately followed by a forcible ejection of its contents through the aperture thus produced, the seeds being scattered to a considerable distance. The explanation Dutrochet has given of the act is this: In the centre of the fruit, surrounding the seeds, is a thick, viscid, semifluid substance. External to this, in the tissue of the pericarp, is another fluid of much less density. These two fluids are separated by a membrane, and therefore the necessary conditions of osmosis are fulfilled. According then to well-known laws, the central cells become gradually distended at the expense of the fluid in the tissue of the pericarp, and ultimately, when growth ceases, give way at the weakest point—namely, where the fruit is articulated with the peduncle, and the contents of the cells are violently expelled by the sudden contraction of the distended tissues.

So, again, the bursting of some seed vessels, as, for example, that of the balsam (Impatiens noli me tangere), has been traced, in part, to the distension of the cells by endosmosis.

* From the causes of motion I exclude the changes which are involved in nutrition, for no attempt to review these could be brought within the scope of this discourse.

† See Valentin's Textbook of Physiology, translated by Dr. Brinton, p. 353.

It would be easy to multiply these examples; but I can only allude to one or two more. The cellular clavate filaments of horse-tail (Equisetum), which when dry are expanded, become curiously coiled around the spore in consequence of the absorption of moisture. The movements of these spores may be produced by the breath, and watched under the microscope. To the same cause is due the remarkable contraction of the teeth of the peristome of mosses. In the opinion of some, the motion of Diatomaceæ depends on osmotic currents between the cell-contents and the surrounding water.

Although we cannot bring forward from the animal kingdom such striking illustrations of osmotic force as the one just mentioned, yet there is every reason to believe that it is constantly playing a most important part in the transference of matter. It is impossible at present to estimate the measure of its more subtle operation throughout the vegetable and animal kingdoms.

I may, however, here allude to those curious changes of form which have been witnessed in various examples of white blood-cells.* Occasionally remarkable processes are extended irregularly from the surface, bulgings or protrusions of the transparent and colourless cell-wall, which after a while are retracted and disappear. The cause of this peculiar change of figure, if it cannot be explained by osmotic currents, is altogether obscure. Nothing certain is known of the agency by which it is effected. Similar movements have been witnessed in other cells.

3rd. Movement due to the physical properties of a tissue.

Elastic tissue plays an interesting and important part in various movements of animals, and this simply by means of its physical property of elasticity, which it possesses in perfection. This elastic tissue (a specimen of which I show) is of course passive until either extended or compressed by some force, and this force is usually muscular action, when, as the force is remitted, it recoils with proportionate power. Thus we commonly consider its use in relation to muscular action. It may either assist muscular action—be accessory to it—or it may be opposed to muscular action, acting in an opposite direction. Elastic tissue is commonly rendered active by stretching; sometimes, however, it is compressed. Let us glance at an example or two illustrative of these several modes and purposes of action.

That remarkable ligament of the neck (ligamentum nuchæ), which is formed of elastic tissue, and extends from the prominent ridge of the occipital bone over and between the spines of all the cervical vertebræ to which it is attached,† serves to support the head and neck, thus assisting the muscles which raise the head, and opposing those which depress it. Mere traces only of this ligament are found in man, whose head in the erect attitude is supported with comparatively little effort upon the summit of the spinal column. In quadrupeds, however, whose heads are carried at the anterior extremity of the spine, much more force is required to sustain them, and so the muscles at the back of the neck are spared to a great extent that prolonged exertion, which must sooner or later exhaust them, by the intervention of this powerful ligament, which never tires, because its action does not depend on any vital force, but on its physical property of elasticity. So it is developed in proportion to the necessity of the case, being, for example, most strongly marked in the giraffe, whose head is habitually carried high at the extremity of a long and slender neck; and much of the grace of movement of this animal's head and neck depends upon the play of this beautiful structure—upon its extension and recoil.

The same structure exists in the neck of birds, and in some instances, as in the ostrich, it is strongly marked. But here the ligament is not continued over the extremities of the spines; it consists only of the portions which are placed between them.

The purpose and action of this ligament are clearly seen in a weary horse. When he is fresh, his muscles are vigorous, and he holds his head proudly up; but when overworked and weary the muscles fail, and then his head droops, and being no longer steadily held it dangles as he trots along. In this movement the use and action of the ligament, now no longer superseded by the muscles, are plainly shown.

In the shells of bivalves elasticity is opposed to muscular action, and here are examples of its action when extended and when compressed.

The two valves of which the shell consists usually lock together more or less at the point where they are joined, and this part is called the hinge. This hinge is furnished with a ligament and a spring, both of which are formed of elastic tissue. The ligament is placed outside, on the dorsal portion of the hinge: it is consequently relaxed by separating, and stretched by closing, the valves. The spring is placed inside, between the plates, in front of the joint, so that it is relaxed by separating, but compressed by shutting, the valves. The two parts are distinct, but mostly co-exist in inverse proportion, the ligament being small when the spring is large, and *vice versâ*. They obviously act together to separate the valves when the force by which they are approximated is suspended. The valves are brought together by a very powerful adductor muscle, which is placed away from the joint far forwards, and consequently in an advantageous position for the exercise of its power. (All this is shown in the act of opening an oyster.)

The action of an elastic structure in antagonism to muscular force is admirably displayed in the construction and movement of the claws of the felidæ; as, for examples, of the lion or tiger. Everyone knows what formidable weapons these claws are; how deadly the effect of a blow from the paw is, the sharp claw being driven deeply into and lacerating the flesh of the victim. Now, if these claws were simply fixed to the extremities of the toes and always exposed, they could not long continue sharp and efficient for destruction. They would soon be blunted and worn down; and until this happened they would be constantly in the way, catching in everything and impeding progress. But the paw is so constructed that, when not in use, they can be retracted—drawn back under the skin by means of elastic ligaments, which are attached at the base of each on either side behind. Thus they are kept out of the way, and their sharp points are preserved from injury. Moreover, the padded surface of the foot alone coming in contact with the ground, the animal can run stealthily along with noiseless tread. But when about to strike its prey, the claws are suddenly drawn forwards by a powerful muscle, whose tendons are attached at the base of each in front, and they stand out firmly fixed. When the action of the muscle ceases, the elastic ligaments which are stretched recoil, and the claws are again ensheathed.* All this is illustrated on a smaller scale in the cat's paws. When she is friendly, nothing can be softer or more harmless than her paw; but when she is irritated or means mischief, we soon become aware of the weapons with which it is armed.

Now it may perhaps occur to some one that muscle might have been employed in these cases instead of elastic tissue to accomplish the same end; that the valves of the oyster might have been opened as well as closed by a muscle; that the claws of the lion might have been retracted as well as erected by a muscle. But elastic tissue is employed in these cases for the reason just mentioned when I referred to the ligament of the neck. The more subtle objections to the use of muscle in such cases as these may be passed over. Nor is it necessary to insist upon the answer which may be found in the fact that the end is perfectly accomplished by the employment of a simpler structure. It suffices to remember that the state into which the several parts are brought by the recoil of the elastic tissue is the habitual one, and that exhaustion is the inevitable result, sooner or later, of sustained muscular action. Therefore muscle would not be adapted to the purpose for which elastic tissue is employed.

* Wharton Jones. Philosophical Transactions, 1846.

† In some cases it extends much further than to the first dorsal spine. In the giraffe, the ligament arises as far back as the sacral vertebræ.

* The mechanism by which the claw is moved is well worth an attentive examination. It may, of course, be most conveniently studied in one of the larger animals; but the plan is essentially the same throughout the felidæ. The lion, then, may be selected for an example. The arrangement is somewhat different in the fore and hind paws. In the latter case, the third phalanx—the bone which supports the claws—simply moves at the extremity of the second one, and is retracted directly upon it; but in the former case, when the third is drawn back, it lies on the ulnar side of the extremity of the second. In the fore paw the elastic ligaments which retract the claw are in all, except the innermost toe or pollex, three in number. The principal one, in shape like a cord somewhat flattened, is placed on the outer (ulnar) side, and extends from the distal end of the second to the upper angle of the last phalanx. Another extends from the outer side of the proximal end of the second to the inner side of the base of the last. A third, from the inner side of the proximal end of the second to the inner side of the base of the last. In the hind paw, the elastic ligaments are two in number. The outer one is triangular, the front border being the thickest part. It extends from the outer side of the second phalanx, to which its expanded base is attached, to the upper angle of the last. The inner ligament is rounded, and extends from the inner side of the distal end of the second to the upper angle of the last. In the pollex of the fore foot the elastic ligaments are arranged as in the hind foot, only here the inner ligament is triangular, and the outer one rounded. The claw is drawn forward by the tendon of the flexor digitorum profundus, which is inserted into the front part of the proximal extremity of the third phalanx. The tendon of the extensor digitorum is inserted into the second and third phalanges behind, and it supports and fixes them during the action of the flexor profundus. Lateral processes of the extensor tendon are given off from it as it passes over the first phalanx, and these being joined by ligamentous fibres from the sides of the same phalanx, pass forward, and are inserted partly into the integument and partly into the under surface of the base of the last phalanx. They must assist in retracting the sheath of the claw.

I cannot refrain from alluding to another exquisite example of the action of elastic tissue. Stretched across the cavity of the larynx—the organ of voice,—and covered by a membrane forming the margins or lips of its aperture, are two strings, the vocal cords. These are entirely formed of elastic tissue, and their tension is regulated with the utmost nicety by certain muscles arranged for the purpose. The voice itself, remember, is produced in the larynx, whilst it is variously modified so as to form language by the tongue and neighbouring parts.

Now contemplate for a moment the modulation of the human voice—the compass of its notes, the variation of its tones: with what precision they may be produced—with what delicacy regulated. Think of all this depending on the condition of these vibrating strings, which are so exquisitely attuned by their muscles. From the most trustworthy observations it appears that the vocal cords in their extreme states of relaxation and tension do not vary more than one-fifth of an inch; even less in the woman. Now we may consider the average compass of the cultivated voice to be about two octaves, or twenty-four semitones. Within each semitone, at least ten distinct intervals can be produced by an ordinary singer: so that the total number would be two hundred and forty; and this may be considered a moderate estimate. This implies, then, two hundred and forty different degrees of tension of the vocal cords, every one of which may be produced at will. Now as all of them are included in one-fifth of an inch, the distance between the several intervals will not be more than $\frac{1}{1200}$ of an inch. And this estimate falls far below that which might be made in some extraordinary cases.* How perfect, too, must be their elasticity! and how charmingly illustrated! A singer will perform during a long evening, and the final notes are as faultless as the earlier ones: the most critical ear can detect no failure. Think during all this while of the number of times and of the extent to which they have been stretched and have recoiled, and let the character of the concluding notes tell, not only of the marvels of muscular action, but of the perfect elasticity of the vocal cords.

Lastly, look at the action of elastic tissue in the bloodvessels, where it is abundantly found, and always in a state of tension, so that it is constantly in action, ever tending to recoil.† Arteries and veins, which are simply tubes for the conduction of blood, must be very elastic, otherwise they would tear, instead of yielding, when stretched in the various movements of the body; nor would the arteries, if not elastic, be adapted to receive the impulse of the heart's action. As it is, in the distension of the elastic coat of the arteries by the contraction of the ventricles of the heart and its subsequent recoil, the relation of elasticity to muscular force is admirably set forth. But the bloodvessels need not be indefinitely extensile, for elasticity is not required beyond a certain point; but they must have strength, and this is given by the introduction of another tissue which is not elastic, and which plays exactly the same part to the elastic tissue of the vessel that the inelastic fabric does to the caoutchouc which it invests in elastic webbing. Therefore a distinct limit is set to the extent to which a vessel will lengthen or dilate. Thus if a portion of an artery be stretched, it will not yield indefinitely, but, after elongating to a certain extent only, a sudden resistance will be felt, and beyond this point no increase of force can stretch the artery without lacerating its texture. In this case, then, the extension of a structure perfectly elastic is abruptly limited by another which is inextensile.

Movements produced by the elastic recoil of stretched or distended tissues in plants are common enough. In the examples previously referred to hygroscopic changes elasticity plays a part. To elasticity, usually assisted by hygroscopic changes, the bursting of seed-cases and anthers is without doubt to be commonly referred. Their tissues, unequally elastic, differ in their power of imbibition, and become at length torn apart and curved in various ways. In some instances, as in the common nettle (Urtica dioica) the filaments which are elastic are confined by the floral envelopes until the pollen is ripe, and then, the perianth expanding, they are set free and spring out so as to scatter it with force.

4th. Movements due to a structure possessing the vital property of contractility—vital motion.

By vital contractility is to be understood the power which certain structures possess of altering their form—of approximating distant parts by an inherent force. There is good evidence of the nature of vital contractility. This peculiar property is dependent on the life of the tissue in which it exists; the power ceases with that life. Thus it is called vital, and is at once distinguished from all other forms of contractility, such as those dependent on elasticity or mere shrinking. It may be excited by various stimuli, besides those under which it naturally acts, whether they operate physically or chemically. Perhaps the most efficient of these is electricity, but the simplest is touch. This power of responding to stimuli is an excellent test of its nature, and usually distinctive.

I need not detain you by referring to examples of vital contractility in animals; it may be found everywhere.

Now to certain of the more highly developed structures which possess this property of vital contractility, and in which it is most plainly and strongly marked, we apply the common term, muscle. We at once refer to the muscles as the agents by which the active movements of animals are accomplished. But so various are the structures to which the term muscle is applied, that the only common distinctive feature they possess is contractility. A glance at the principal forms of muscular fibre will show how various they are, and yet there is no line of demarcation between them. They may be thus arranged:—

Striated muscular fibre. Muscles of animal life in vertebrata, insecta, arachnida, crustacea. Branched fibres occur in the facial muscles of some mammalia, as in the lip of the rat. Anastomosing fibres are described in the heart, and also in other muscles of some invertebrata. But it appears that—in some cases at least, as in the heart of the frog—these so-called fibres are really fasciculi, and may by certain reagents be broken up into striated fusiform or spindle-shaped fibres. In the heart and elsewhere striated fibres may be seen gradually passing into plain or unstriped fibre. The striæ generally are smaller and less distinct. In many of the lower—cold-blooded—vertebrata, especially in fishes, the substance of the muscular fibre of the heart might be described rather as distinctly and more or less regularly granulated than as striated, and through this it appears to pass into the plain fibre.

Plain muscular fibre. In the form of cylinders more or less flattened or bands. Many of the muscles of organic life in the higher animals. The muscles generally in many of the lower, as in echinodermata, annelida, and mollusca generally.

Some fibres, although plain in structure, are yet in shape and arrangement into fasciculi like striated fibre, as in cephalopoda.

Some of the more highly developed plain fibres exhibit a granular aspect, so distinct and regular that they evidently approximate the striped fibre, as in the gizzards of some birds.

Some of these fibres during their contraction only, or at all events during the approximation of their extremities—whether this be, as I incline to think, active, or passive—appear wavy or plicated, transversely or irregularly striped, which may have led some observers to describe examples of these fibres as striated. Such fibres occur in acalephæ (Siebold), and in salpa (Eschricht). In the common leech, too, I have seen fibres of this kind.

Other plain fibres, smaller and less marked in their characters, are fusiform or spindle-shaped.

Some are altogether irregular in form, resembling in outline partially flattened cells of tesselated epithelium—a variety which may be regarded as transitional to other examples of contractile tissue, which do not even present the form of a fibre.

Cell-walls may be endowed with vital contractility. Unicellular organisms, as they are termed—as, for examples, many of the infusoria—and the cystic entozoa, commonly exhibit a contractile cell membrane.

Again, the whole substance of a globule may exhibit distinct and regular contractions. This has been witnessed in the "heart cells" of many embryos, in certain "yelk cells," as those of planariæ, and in many other various instances.

So may the contents of cells be contractile. (This is more frequently and plainly seen in the vegetable kingdom. The protoplasm in the interior of cells may be seen to contract in various directions, so as to alter its form and arrangement.)

Certain spots—vesicles as they are called—may often be detected in the substance of the simplest forms of animal life, as in protozoa, and in the earlier stages of existence of animals more advanced than these in organization, as the caudal vesicle of the embryo of some snails, which exhibit periodical contractions at regular intervals—rhythmical contractions.

Let me here allude to the remarkable phenomena which have been witnessed in the cells of the skin of various animals in connexion with the peculiar changes of colour they from time to time display.

In the skin of such animals, of which the well known chamelion is the most striking example, are seen scattered in great

* Müller: Elements of Physiology, translated by Dr. Baly, p. 1018: 1843. Dr. Carpenter: Principles of Human Physiology, p. 732: 1855.

† THE LANCET, vol. i. 1839, p. 311.

abundance a vast number of cells, very variable in size and shape in different examples, but all distinguished by their contents, which consist of pigment generally in the form of granules, presenting various colours. The example most familiar to microscopic observers is the stellate branching cells, more or less filled with pigment,—for the most part black,—found so abundantly in the skin of the common frog, and which are such conspicuous objects when the transparent web of the foot is examined. Now, it has been known for a long time that the various shades of colour which this animal exhibits under different circumstances are connected with the manner in which the pigment is arranged within the cells, principally with its state of aggregation. Concerning the agency by which the arrangement of the pigment granules, which are suspended in a colourless fluid in the interior of the cells, is altered, opinions differ;* but it is unquestionable that the remarkable changes of colour are connected with such alteration. Sometimes all the pigment is accumulated in the centre of the cell, so as to leave the branching processes clear and colourless. At other times the whole of the interior of the cells, even to the very extremity of the various processes, is more or less uniformly occupied by the diffused pigment, and then the irregular ramifications of the cells which anastomose are most plainly seen, and the whole appears black. In the former case the skin appears pale to the naked eye; in the latter, darker.

There is good reason, from observation and analogy, to believe that in other animals in which similar changes of colour are observed, and in which the widely varying hues are sometimes most beautiful and brilliant,—as in the chamelion and some other lizards, some batrachia, many fishes, some cephalopoda,—these changes are connected with the arrangement of the pigment in their chromatophorous cells.

(To be concluded.)

Clinical Lectures
ON
THE RECENT EPIDEMIC OF FEVER.

Delivered at St. Thomas's Hospital,

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LECTURE I.—(*Concluded from p. 6.*)

THE general features of typhus and typhoid fevers differ considerably: thus in typhus you have usually more marked symptoms of cerebral disturbance throughout the attack, earlier and greater prostration of strength, and an absence of diarrhœa or abdominal disorder, except at least during the last stages of the disease, when the powers of life are giving way. In typhoid, on the contrary, you have less marked and persistent cerebral disturbance, less rapid and complete prostration of strength, and more tendency to diarrhœa and other symptoms of gastro-intestinal complication. To these rules, however, there are some exceptions, and in the recent epidemic such exceptions were more common and more marked than I have ever before observed them. Thus in a considerable number of cases of typhus, diarrhœa, frequent watery stools, with tympanitic distension of the abdomen were predominant symptoms throughout the progress of the disease; and though in some cases this might in part be due to the treatment which the patients received when first admitted into the hospital, the diarrhœa certainly occurred to a marked extent in cases in which no medicine had been given which could at all influence the result. The cerebral symptoms were also not always so marked as they generally are. I may instance the case of a nurse now in Elizabeth's ward, who, with a copious livid typhous rash on the skin, and with great prostration of strength and the other symptoms of the disease well marked, has at no time during her illness had any disorder of the nervous system, and has been quite intelligent throughout. In typhoid, also, diarrhœa is not by any means always present; usually it occurs to a greater or less extent at the commencement of the disease, and if not very severe and not interfered with, ceases naturally and is replaced by constipation. During the epidemic, however, of the last year, diarrhœa was rarely observed to any very great extent, and some of you will recollect four cases which I had in the hospital at the same time,—three males and one female,—in whom the bowels were confined throughout the whole course of the disease, and evacuations were only procured by the exhibition of somewhat active aperients. So also in typhoid you occasionally have the cerebral symptoms and prostration of strength developed at as early a period, and to quite as marked a degree as you have in typhus, though I do not recollect that any of the cases which we have recently had under care have been noticeable in these respects.

Another striking distinction between typhus and typhoid is afforded by the comparative regularity of the course and duration of, and the absence of any tendency to relapse in, the former affection; and the extreme variety in the progress and duration of the latter, and the great tendency to relapse.

In typhus, the disease, as I have before mentioned, rapidly advances, continues in its full intensity for a tolerably certain period, and then if the patient rallies he begins to improve, and steadily advances to convalescence; though of course the duration of the disease may be prolonged, or a fatal result may ensue, from the occurrence of various complications, either in the active stage of disease or during convalescence: such as bed-sores, like one of the patients in King's ward; erysipelas and abscess, like one in Elizabeth's ward, or pneumonia, like another of the male patients. Typhus varies, of course, in intensity; but, generally speaking, convalescence appears, in the cases which terminate favourably, in from the fourteenth to the twenty-first day. I find that the mean period of residence in hospital before the establishment of convalescence was 23·6 days; and, as the patients were admitted, on the average, 7·4 days from the commencement of indisposition, and were retained 12·1 days after the commencement of convalescence before discharge, the total duration of active disease may be estimated at 31 days, and the entire duration of indisposition at 42 days. But of course there was considerable variety in the length of the disease, mainly depending on its being a mild and uncomplicated case, or severe and attended with different complications. So that the extreme duration of indisposition was from 22 to 66 days; though one patient, who had a sloughy abscess of the parotid and side of the face, was ill for about 90 days. Of the nurses, one was away from duty eight weeks, and another twelve.

Typhoid fever contrasts very strongly with typhus in these respects. Its period of attack is often ill marked; it advances slowly; the patients rarely become so extremely prostrated, but the prostration is much more prolonged, so that, after long remaining in a subacute febrile state, convalescence is very slow; and after recovery has proceeded to a great extent, relapses may occur, attended with the eruption on the skin and all the other symptoms of the disease. During its whole progress there is also as great or even a greater tendency to the occurrence of various local complications, as in typhus. The disease is also much more variable in intensity and duration than typhus. These observations are confirmed by calculations based upon cases under treatment during the recent epidemic. The duration of treatment in 15 cases in which the stages were well marked was, on the average, 27·5 days from the period of admission to that of convalescence; the mean period of admission from the commencement of the symptoms was 10·1 days; and the time which elapsed after convalescence before the discharge of the patient was 19·1 days. So that the total duration of active illness was 46·6 days, and that of indisposition 56·7 days. Not only, however, was the average duration of the disease much greater than in typhus, but the period of total indisposition varied to a greater extent, the average of the cases having ranged from 23 to 82 days.

The difference in the course of the diseases is well marked by two cases which are at present in Elizabeth's ward. The case of typhus was admitted fully a fortnight after the typhoid case, and was apparently much more intense, and the patient was in much greater danger; but whereas, after an illness of about two weeks, the typhus patient has been up and about for nearly a fortnight, the typhoid patient is still barely able to leave her bed, and this, too, without the case having presented any marked complication.

The quickness of pulse and dryness and heat of skin which generally characterize typhus were not marked features in the recent epidemic. Generally speaking, in the early stages of the disease, the skin was moderately hot and moist, and in

* See J. Lister on the Cutaneous Pigmentary System of the Frog. Philosophical Transactions, 1858.

some cases there was very profuse perspiration, so as completely to wet the patient's body-linen. At the more advanced periods the skin became cooler or decidedly cool, and the perspiration subsided, though the skin was very rarely harsh or dry. The pulse in the commencement of the disease was usually quick—112 to 120 in the minute, but not full or hard, and as the affection progressed it diminished in frequency, sinking to 90 or 100, and becoming feeble, occasionally unequal in force and frequency, or decidedly intermittent. In the cases of typhoid, also, the skin was not so dry and hot as usual, and in some cases—I may particularly instance those which occurred during the summer—there was for a considerable portion of the earlier periods of the disease profuse perspiration, such as I have, indeed, rarely seen exceeded either in relapsing or remittent fever.

Lastly, the two diseases differ remarkably as regards the period at which death ordinarily occurs, and the condition of the body when examined after death. Of the 13 cases of typhus, 2 proved fatal; one on the 5th day from admission and probably about the 12th or 14th day from seizure, the other on the 2nd from admission and the 16th from seizure. In my former lectures I have stated that the mean period of death in typhus is the 13th or 14th day, and that of a large number of cases 68·4 per cent. proved fatal from the 9th to the 14th day; the deaths during the active stage of the disease ranging from the 7th to the 23rd days, and the period being, of course, much more prolonged in cases where patients died of various complications during convalescence. Of the cases of typhoid, 32 in number, 3 proved fatal; one on the 5th day from admission and the 12th from seizure; a second on the 30th from admission and the 51st from seizure; and the third on the 43rd from admission and the 51st from seizure. In my former lectures I mentioned that the mean period of death in 14 cases was the 37th day, and the range from the 7th or 8th to the 81st day; the last patient dying of dysentery during convalescence.

It is by no means uncommon that in females the catamenia appear during the initiative stage of typhus. During the last month, however, I have met with two instances of hæmorrhage from the lungs in the disease—a symptom which I have not previously observed, at least not to a noticeable extent. In one of these cases the patient was a nurse, twenty-seven years of age, to whose case I have previously referred as having presented a remarkable absence of cerebral disturbance. She had previously had symptoms of incipient consumption. The hæmoptysis was to a moderate extent, and occurred about the second day before the appearance of the eruption. The attack was mild, and was characterized by chest symptoms, cough, expectoration, dyspnœa, and pain; but she entirely recovered. The other case was that of a man, thirty-six years of age, who had previously been of very intemperate habits, and was actively delirious at the time of his admission, so that the precise period of the disease could not be ascertained; but it was probably about the second or third day. Shortly after his reception he was taken with very copious hæmoptysis, and the blood continued to be expectorated at intervals very profusely for two days, and the eruption then made its appearance on the skin. The patient rapidly became prostrated, and died with comatose symptoms on the ninth day from admission, and probably the eleventh or twelfth from seizure, and nothing was detected on post-mortem examination to explain the hæmorrhage.

In the cases of typhus the only marked morbid condition was the darkness and fluidity of the blood and the congestion of all the internal organs, and in both cases there was pneumonia.

In the case of typhoid fatal on the 12th day, there were recent sloughs and ulcers in the ileum. In one of those fatal on the 51st day from seizure, the patient had almost entirely recovered, and then relapsed; and there were found old ulcers nearly healed, and recent ones with sloughs. In the other, which terminated on the 51st day, the patient died during convalescence, of pneumonia and subacute meningitis, and there were found ulcers in the intestines nearly healed. Of these cases I shall speak more fully in my next lecture; but in the meantime you will see that the cases examined after death corresponded with the general results of post-mortem examination in the two forms of disease. In the typhus patients there were no definite morbid changes in the internal organs sufficient to explain death, though the condition of the blood was in both cases much altered; while in all the cases of typhoid there was found more or less intestinal disease, in either an active or a passive state.

The class and number of cases here reported upon must not be regarded as affording a fair statement of the ordinary rate of mortality in either of the forms of fever; for, on the one hand, the number is too small to secure us against accidental variations, and, on the other, the cases, being collected in hospital practice, are necessarily of a severe character, and occur in persons ill prepared by previous habits and state of health to contend with disease. To obviate the former objection, I have referred to the reports of all the cases of both forms of fever treated by myself at St. Thomas's during the last few years. In reference to typhus, I find that I have full reports of 62 cases, of which 13 proved fatal, giving a rate of mortality of 1 in 4·7 cases, or of 20·9 per cent. The disease is generally more fatal in males than in females, but these cases show only a slight difference in this respect. Thus, of 44 males, 10 died, or 1 in 4·4 cases, or 22·7 per cent.; while of 18 females 3 died, or 1 in 5, or 16·6 per cent. There is, however, as has been shown by statistical estimates of the mortality of fever, in all instances a remarkable difference between the mortality of the disease at different periods of life. Thus, of 53 cases in persons under 40 years of age, 7 proved fatal, or 1 death in 7·5 cases, or 13·2 per cent.; while of 9 cases in persons above the age of 40, 6 proved fatal, or 66·6 per cent. The same result also is obtained by a comparison of the ages of the persons who recovered and of those who died. Of the former, 49 in number, the mean age was 24·7 years; while of the latter, 13 in number, the age averaged 42·7 years.

The results of the calculation of the cases of typhoid treated within the last few weeks are somewhat different. Thus, of 70 cases, 8 proved fatal, giving a rate of 1 death in 8·7 cases, or 11·4 per cent., which is considerably lower than that in typhus. In females, the rate of mortality was higher than in males, though it is quite possible that the difference was accidental. Of 46 males, 3 only died, or 1 in 15·3 cases, or 6·5 per cent.; while of 24 females, 5 died, or 1 in 4·8, or 20·8 per cent. The disease also appears to vary less in mortality at different ages than does typhus. One patient only exceeded the age of 40, having been 51, and in this instance the attack terminated unfavourably; but of the whole of the cases in which recovery took place the mean age was 21·2; of those which proved fatal 22·6; and had the case before referred to been excluded, the mean age of the fatal cases would have been less than that of those which recovered, or only 18·5. Typhoid is a disease which varies much more in intensity than typhus, and the analysis of a large series of cases would probably present different results. Both estimates are, for the reasons stated, high, and, indeed, being founded on the cases reported, not on all the cases admitted into the hospital, would be above the average even of hospital practice. Probably I was not wrong in estimating, in my former lectures, the rate of mortality in both forms of fever as being very similar, and averaging about 1 death in 8 cases, or about 12 per cent.

ON

THE DIAGNOSIS OF HÆMOPTYSIS.

BY HYDE SALTER, M.D., F.R.S.,

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I FIND it not at all an uncommon thing to meet with cases, both in hospital and private practice, in which I feel at first, and occasionally for some time, a doubt as to the source of hæmorrhage which is discharged from the mouth. This uncertainty arises in part from the inaccuracy of observation and looseness of speech of those who are describing their symptoms, in part from being deprived of any opportunity of oneself inspecting the blood discharged, and in part from the clear and entire absence, in some cases, of all distinctive signs as to the whereabouts of the bleeding. A patient tells you he has "spit" blood, or "raised" blood, or "thrown up" blood; but the blood said to be "spat" may have come from the stomach, and the blood said to be "thrown up" may have come from the lungs; or, after having described the method of getting rid of the blood as "throwing it up," the patient on a cross-examination will confess that he coughed it up, or, after having said that he "spits" it, will admit that he never spits it without being sick. I have frequently been told by Irish

patients that they "retched" the blood up, when I have found afterwards that it has really come from the lungs. Not unfrequently the closest and most searching cross-examination fails to elicit from your patients the way in which the blood was discharged, and simply because they themselves have exercised no observation at the time the hæmorrhage was occurring, and therefore find it impossible to give you any information one way or the other. If we could always see the blood, a great deal of obscurity would be cleared up, but we often find it has been thrown away, or are shown it upon handkerchiefs, or so intermixed with foreign material, and so long after its discharge, that it has lost all distinctive characters. The last source of uncertainty that I have mentioned—namely, the absence of all distinctive signs as to the whereabouts of the bleeding, is really not uncommon. In the cases of intelligent and self-observant patients, where I have had an opportunity of examining the blood, and ascertaining both by interrogatories and physical examination the condition of the lungs and stomach, I have still had some doubts as to which of these two organs the blood came from.

A case of this last character came under my observation a few days ago, in which the turning point of the diagnosis was sufficiently interesting, and which it is my purpose in the present communication to narrate. I need not enlarge upon the primary and essential importance of an early and correct diagnosis of the seat of the hæmorrhage in cases both of hæmoptysis and hæmatemesis.

I was called, on Sunday, June 22nd, by my friend Mr. Guy, of Dorset-square, to see with him, as soon as possible, a patient who was suffering from profuse hæmorrhage. On arriving at the patient's house, I heard from Mr. Guy the following account of his case:—

The patient, who was sixty-eight years old, had been seized with blood-vomiting on the evening of the previous Thursday, and Mr. Guy had been hastily sent for to see him. The quantity of blood which was found to have been discharged was a washhand-basin three parts full. This Mr. Guy saw; it was free from froth. On the following day (Friday) the bleeding was much less; on the Saturday it returned profusely, and on the Sunday with such violence that I was hastily sent for. Mr. Guy had witnessed a good deal of the hæmorrhage himself, and distinctly ascertained that the blood welled up into the mouth apparently spontaneously, without effort, and without either vomiting or coughing. Gallic acid and other anti-hæmorrhagics had been given, and scraps of ice swallowed at intervals; but so little was the hæmorrhage controlled by these means that the patient was of opinion that the medicine rather provoked it.

On entering the patient's room, I found an old man sitting up in bed, pallid from loss of blood, and with a feeble voice. His breathing was slightly accelerated, and his speech short; but this seemed sufficiently explained by his exhaustion and by other circumstances, not bearing on the source of the hæmorrhage, which I will presently relate. His pulse was between 70 and 80, and except being a little too compressible, was in every way natural. He told me he had no pain anywhere of any kind, and *had* had none. His history was as follows:—

He had always been a man of regular and temperate habits, and had enjoyed good health, except that for many winters past he had been liable to attacks of bronchitis; some of these had been very severe, and for the last few years he had had almost constantly a certain amount of cough and expectoration. Latterly, however, he had been better in these respects, and had been coughing and spitting less than usual; his friends, too, had been telling him how much better he was looking. On catechising him, I found that he had had no recent loss of flesh, no loss of power, no streaks of blood with the expectorated mucus, no night-sweats; that he had no loss of appetite, no pain after eating, no vomiting, no epigastric tenderness; in fact, that there was a clear absence of any signs or symptoms pointing either to hæmoptysis or hæmatemesis. I was shown about half a pint of semi-coagulated blood in a basin, and certainly this was free from froth. On close inquiry, it seemed that the blood was generally, if not always, discharged in the way Mr. Guy described, and without any true vomiting.

On examining the chest I found the breathing natural, and the lungs everywhere healthy, except at the posterior part of their bases. On the left side this region was the seat of crepitation; on the right, of no sound whatever; the respiratory murmur was quite lost; that part of the right lung was dumb. Percussion was fairly resonant everywhere; hyper-resonant nowhere. I should mention that the breathing at the apices, and over the *whole* of the *front* of the chest, was compensatory in its character. This completed the evidence submitted to me.

Now I think it will be admitted that in this case the distinctive signs of the seat of the hæmorrhage were wanting, that the evidence altogether was of a negative character, and that no one could assert on the strength of it that the hæmorrhage was either hæmatemesis or hæmoptysis. This will, I think, appear the more clear if we just consider the distinctive signs of these two hæmorrhages: thus—

In hæmoptysis we have—	In hæmatemesis we have—
The blood frothy.	The blood not frothy.
The blood mixed with sputum.	The blood mixed with food.
The discharge attended with coughing.	The discharge effected by, or attended with, vomiting.
Evacuations not affected.	Evacuations often black.
Pulmonary symptoms and history.	Gastric symptoms and history.

It might be conceived that the physical signs at the lower part of the lungs behind pointed to a pulmonary source of the hæmorrhage; but to my mind the antecedent history of chronic bronchitis deprived these signs of any significance. I felt that the crepitation at the posterior part of the base of the left lung might merely mark the present seat of the chronic bronchitis, and the dumbness of the corresponding region of the right side might depend on nothing more than partially collapsed partially emphysematous lung, the seat of some of the old attacks.

Thus I felt in the same doubt as my friend, Mr. Guy, and was quite unable to pronounce positively as to the seat of the bleeding, when a circumstance occurred that to a certain extent supplied evidence of a positive nature. Just as I was going to leave, our patient was seized with a violent fit of coughing—the prolonged and fruitless coughing of a weak old man. After repeated efforts the material producing the cough was at length driven through the glottis, and spat from the mouth, when, behold! it was blood—a black clot, as big as a filbert, with one end distinctly frothy.

This was the most conclusive evidence we had as yet obtained, and with this modicum of positive evidence I left our patient, after having suggested the frequent administration of small doses of turpentine and opium.

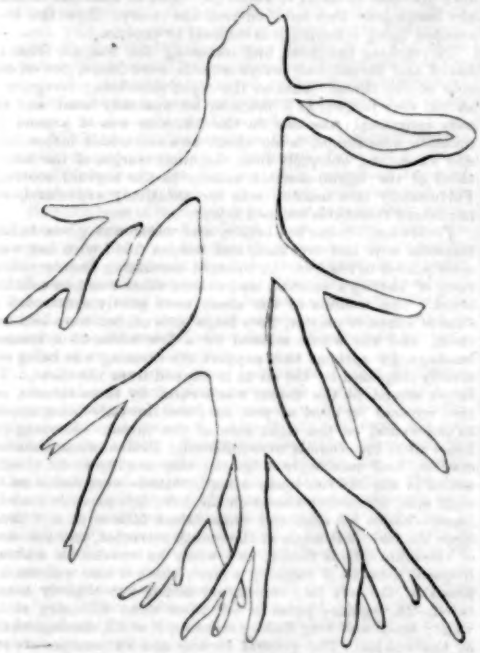
I did not see him again until Tuesday morning. He had had a good day on the Monday, with no profuse hæmorrhage, and only the expectoration of clots. I repeated all my old inquiries, with the view of eliciting, if I could, any further information, until, on being told that all the clots expectorated were singularly alike, the idea occurred to me that a close inspection of them might possibly reveal the seat of their formation, and that they might perchance be found to be moulded in some one part of the air-passages. I inquired of the attendant of our patient if the clots appeared to be branched, or if he had shaken them out in water, and, being answered in the negative, I procured a basin of water, and shook out in it the last clot expectorated, and which I was informed was the counterpart of the rest. To my great satisfaction I saw it, as I shook it out, unfold into a tree of blood, a perfect cast of the bronchial tubes, resembling, except in colour, the plastic bronchial casts so frequently seen. The accompanying outline represents this blood-cast, of the natural size.*

The whole thing was now cleared up, as far as the seat of the bleeding went; there could no longer be any doubt that the hæmorrhage was poured out into a principal bronchus, of which, and of the immediate ramifications of which, it formed the mould. And I was inclined to think that this bronchus was the left, for this special reason: on listening at the base of the left lung posteriorly, I found that the crepitation which I had heard so abundantly on my previous examination was quite gone. Now if this crepitation had been due to the patient's chronic bronchitis, as I at first thought it was, it could not have so quickly and so completely cleared away. If not due to the bronchitis it must have been due to the blood—to blood that had gravitated to the most dependent part of the lung from the seat of the bleeding; being, therefore, in the left lung, the bleeding must have been on the left side, and the size of the main trunk of the cast showed that it could not have been moulded in a tube of less calibre than the principal bronchus. I was induced thus to fix upon the exact spot, and say that the left bronchus was the seat of the hæmorrhage.

Now, taking these data, what diagnosis could be built upon them? No other, I think, than that the bleeding was aneurismal; that the aneurism communicated by a small fissure—a fissure so small that the bleeding was intermittent—with the left bronchus; that it was, therefore, probably an aneurism

* I find that the figure has been engraved about one-sixth too large.

of that part of the aorta beneath which the left bronchus passes—i. e., the convexity of the arch, or the commencement of the descending portion; lastly, that the aneurism was small, as it revealed itself by no physical signs—there was no pain, no dysphagia, no pulsation, no murmur, the pulse was alike in both wrists. There was one circumstance in the form of this clot that, as I interpret it, strongly pointed to an aneurismal origin of it. Close to the large extremity of the main trunk, two branches seemed to arise by a common stem; but on separating these branches it was found that they were adherent at their extremities; in fact, that they formed a ring, (as may be seen on reference to the figure.) Now I cannot conceive how a



coagulum of this form—an unramified ring—could be moulded in a bronchial tube. I think it must have been formed in the aneurism, and dragged thence when the clot was discharged; that it was, in fact, a portion of the coagulated blood in the aneurism; that the size of the ring probably marked the size of the aneurism, and that the pedicle by which it was attached occupied the orifice of communication between the aneurism and the bronchus. This may seem making extensive deductions from small premisses, but I do not see how the annular form of this part of the clot can be otherwise explained.

Such was and is my diagnosis of this case, and its subsequent history has but confirmed my opinion. I have not seen the patient now for a fortnight (for, having expressed to the relatives my opinion as to the hopeless nature of the case, they imagined I had arrived at the end of my tether in the way of treatment, and that someone else might be richer in resource, and so sent for that someone else); but I have heard from Mr. Guy that the hæmorrhage still continues, that the patient is getting increasingly blanched by it, that casts are frequently expectorated, though not so perfect as the one I have drawn, and that there is still the same absence of symptoms, either of stomach or lung disease, and of signs of aneurism.

The great point of interest about this case, and that which to me appears to make it worth recording, is the peculiar circumstance that rendered certain the previously doubtful seat of the hæmorrhage, and at once reversed the diagnosis which had in the first place been formed.

In concluding, I cannot but remark that this case seems to me to confirm an opinion I have long entertained as to the nature of those cases of supposed plastic bronchitis in which hæmoptysis precedes or accompanies the discharge of the casts. I have always suspected that in these cases the fibrinous casts are the result of the hæmoptysis, and not the hæmoptysis the result of the detachment of the casts. It seems impossible to imagine how the discharge of a peculiar inspissated mucous exudation (and the ordinary bronchial casts are nothing more) can be a cause of hæmorrhage; while, on the other hand, the decolorization of coagulated blood occupying the bronchial tubes would furnish pale and ramified casts. Moreover, it seems difficult to imagine why the discharge of the casts should in some cases always be attended with profuse hæmorrhage, and in other cases with none, except on the supposition of an essential difference in the nature of the casts in the two cases. I remember some time ago being told by a physician, of a case in which the late Dr. Todd expressed an opinion that the hæmoptysis was due to the detachment of bronchial casts, which he predicted in a few days would appear. In a day or two, when the bleeding was pretty well over, they *did* appear, and Dr. Todd got no small *kudos* for his prophecy, which was thought little less than miraculous. My informant expressed the belief, and I quite concurred with him, that the casts spat up after the hæmorrhage were nothing but decolorized fibrin whose discharge had, in some way or other, been delayed.

Montague-street, July, 1862.

REPORT OF A CASE OF

PENETRATING WOUNDS OF THE THORAX; WOUND OF THE LUNG; PNEUMO-THORAX AND EMPHYSEMA;

AND ALSO INCISED WOUNDS OF THE THROAT, WITH SUBSEQUENT HEMIPLEGIA; RECOVERY.

BY FREDERICK HALL, ESQ., M.R.C.S.

A REPORT of the following case of severe penetrating wounds of the thorax, and incised wounds of the throat, will not, I think, be without interest to many readers of THE LANCET, nor fail in exciting the attention of the medical jurist. The extent to which the instrument penetrated the thoracic cavity, and each time wounding the lung, and the remarkable proximity the knife in its progress must have held in relation to the heart, render the escape of that organ from being wounded a miracle. The character of this case—its origin, course, and termination—appears to me to possess a peculiar interest; and I am assured by experienced army surgeons who have seen the case, that it is a very remarkable instance of recovery from severe self-inflicted injuries performed by an experienced hand. Fortunately in this case the patient at the time was suffering from violent mental excitement, and this rendered his hand unsteady and his anatomical knowledge obscure, so that the knife had a direction imparted to it very different from what was designed, or it would have certainly wounded the heart, and thus have caused a fatal termination. Now that the patient is convalescent and perfectly collected in his mind, he expresses his surprise that he has escaped the end he so unconsciously sought; but he supposes "that he must have forced the knife upwards, inwards, and to the right side, from the fact that he held the knife pointed against the intercostal spaces with his left hand, and then struck the extremity of the handle sharply with the right, thus giving a direction to the course of the blade very different from what he calculated it would take."

In addition to these two penetrating wounds of the chest, there were two rather formidable-looking wounds of the throat—one on each side, so that a rather suspicious case presented itself for consideration; for, owing to the number and character of the wounds, the question might have arisen, under different circumstances and in a different place, as to whether they were the work of a suicide or had been received from the hands of an assassin.

There can be no doubt as to the lung being wounded, but it is very remarkable that no blood nor bloody sputa has from first to last been expectorated, nor has cough at any time been a symptom calling for especial attention; neither has the act of respiration been in any particular manner impeded. It is, however, certain that the lung was severely wounded, by the great collapse in which the patient was found, and also by the very free escape of air through the open wounds during each expiratory effort, as well also by the gradually extending emphysema, which at one time reached as far as the ankles, and was well marked in the subcutaneous tissue of the abdomen, thorax, neck, and face, and after the lapse of twenty-two days

could be very faintly heard crepitating in the cellular tissue about the mammary regions. This disappearance of the air from the cellular tissue day by day has been progressive and well marked, but the manner in which the escape of air is effected is not so very clear. By some it is considered to be effected by absorption. Mr. Fergusson, who did me the honour of seeing the case with me, expresses his opinion that the air escapes in a manner not well known through the skin, and he referred to an ordinary caoutchouc bladder, when distended by air, gradually collapsing from the transudation of its contained air through its walls. In this case, it is deserving of notice, that after the bowels had been freely purged, during which much flatus was expelled, the emphysema rapidly declined.

A case of severe fracture of the ribs occurs to my mind, in which the emphysema from laceration of the lung was exceedingly great, and distended the scrotum and face out of all proportion, but which, on the free purgation of the bowels, very materially diminished, and at the end of a few weeks finally disappeared. May not the air, I ask, in these cases, be taken up by the vessels by a kind of endosmotic action, and, reaching the surfaces of the lungs and alimentary canal, there exhale, to be ultimately expelled from the body?

The occurrence of complete hemiplegia of the left side imparts further interest to this case, and originates the question as to the cause producing it. Is it due to the same cause that led to the attempt of suicide? or does it arise from the shock to the system from the violence of the attempt and subsequent loss of blood? The paralysis is undoubtedly produced by an effusion into the cavities of the right hemisphere, and there is reason for believing that this did not exist at the time the wounds were inflicted because the patient had then the free use of the left superior extremity. The hemiplegia must therefore have supervened after the wounds had been inflicted. It was not until some few hours later, when the patient was in bed and the wounds dressed, that the existence of paralysis was suspected.

Ptosis of the left lid and distortion of the left angle of the mouth were the early indications of the approach of paralysis; then the left superior extremity became gradually powerless, and the inferior extremity of the same side soon became involved—reflex action in this limb was all but lost.

The treatment from first to last has been of a mild form, no active measures being called for. The wounds were simply cleansed and their lips approximated. No exploration of the chest wounds was ventured on; they were simply closed by slips of strapping, some rather large pads of lint, and, early in the case, a few turns of a common roller, so that the air had an easy escape from the cavity of the chest until the wounds granulated and closed. Sutures were only used to the wound in the left side of the throat.

Mr. Fergusson, who on the third day saw the case, and has for several days since then seen the patient, confirmed the mode of treatment which has ended with such satisfaction.

After making these preliminary remarks bearing upon the case, I will now enter as briefly as possible into the details.

S. M——, aged thirty, a tall and well formed man, having an abundance of dark-coloured hair, and irides of a dark brown. He is said to be of an excitable temperament, and lately given to a free use of alcoholic beverages. He has been much abroad, and has suffered from change of climate. Early in May he came to town, and on the second morning of his residence in his hotel I was called in haste to attend him, he being reported to be dying from severe wounds. On reaching his room I found him just raised from the floor, upon which he had been lying, and was now placed upon his bed—not in it. He was partly undressed. His face and lips were blanched; the general surface and extremities of the body very cold; the face, throat, and front and left side of the chest stained with much coagulated blood. A large mass of coagulum—about twenty or thirty ounces—was on the hearth-rug, near which he was found lying by the "boots" when he entered the room; the bistoury was also found close to this. The patient was restless, partly unconscious, chattering incoherently in a low thick voice about many things connected with his pursuits. At the first glance a case of hæmoptysis was imagined to require attention, as the under-clothing &c. concealed the wounds; and on putting the question as to the frequency of such attacks, the patient, after a few moments' consideration, said, "Oh, I have stabbed myself twice in the breast with a bistoury, and have sent it in as far as it would go, but have missed the heart." On removing the under shirt the above statement was confirmed by the presence of three wounds—one of them being superficial. They were all close to the left nipple, but somewhat to the right of it, and near the sternum. The deep ones were of a formidable kind, having entered the thoracic cavity and wounded the lung, as was shown by the escape of frothy serum and blood during the act of coughing or expiration. Each wound was about a quarter of an inch long, its lips were everted and clean, and the subcutaneous cellular tissue protruded. The two deep wounds entered the fifth and sixth intercostal spaces respectively, the superficial one being over the sixth rib.

The instrument with which these wounds were inflicted is an ordinary straight bistoury belonging to a surgeon's pocket-case. It is, including the handle, seven inches long, of which three and a quarter inches belong to the blade. If the statement made by the patient be correct, of his having "sent it into his chest as far as it would go," then at least five inches of the instrument may have entered the cavity. How the heart escaped being wounded it is difficult to explain.

On reaching the chest, and removing the coagula from the beard and throat, two severe wounds were found, one on each side of the throat: that on the right side being irregular in shape, very jagged, as if made by an unsteady hand, and also very superficial; the one on the left side was of a more formidable appearance, being about two and a half inches long, and extending obliquely from the inner margin of the middle third of the sterno-mastoid muscle to the thyroid cartilage. Fortunately this incision was comparatively superficial, and important structures escaped injury.

Treatment.—Some hot brandy-and-water was given to him, blankets were laid over him, and bottles filled with hot water were placed to his feet. A draught containing twenty minims each of Battley's solution and chloric ether was now administered. The wounds of the chest were gently contracted by slips of adhesive plaster, then large pads of lint were laid over them, and the whole secured by a few turns of a common bandage, for without this support the dressing was being constantly displaced by the air as it escaped from the chest. The larger wound in the throat was secured by three sutures, and then covered by slips of wet lint, wet lint only being applied to the wound on the right side of the throat.—Evening (ten hours since the wounds were inflicted): Patient semi-comatose, restless, and constantly fidgeting the bandages, &c.; reflex action in the inferior limbs when irritated—very feeble on the right side, altogether absent on the left; left superior limb lies immovable by his side, and when raised falls with a "thud" upon the bed; left angle of the mouth retracted, and the cheek of the same side is flabby, and when he speaks he makes a frequent noise as if smoking a pipe; there is also well-marked ptosis of the left lid; respiratory action but slightly accelerated—24, regular; pulse is felt after some difficulty at the wrist; small and very feeble; scarcely, if at all, distinguishable at the ankles. The general surface and extremities are still very cold, but the lips have a little more colour in them.—Note: Hemiplegia of the left side has supervened in a very gradual manner since eleven A.M., the ptosis being first noticed about two P.M. Emphysema is becoming well marked, the integuments of the chest being distended so as almost to obliterate the outlines of the axillæ, and when compressed with the fingers crepitates audibly. Stimuli are to be cautiously continued; beef-tea is to be given at frequent intervals; and the evening being cool, a fire was ordered in his room.

May 3rd.—He had a tolerably good night, sleeping for several hours. When awake he talked incessantly. The wounds were dressed to-day: those of the throat are almost united, and those in the chest are smaller; through the one that passes close by the nipple into the chest, the air rushes with a shrill sound during expiration. Emphysema increasing and extending; the neck, face, and head are very tumid; pulse is gaining power. He was undressed and got into his bed to-day. He has micturated, and now talks less, and more coherently.—Twelve P.M.: Pulse stronger; the general surface warmer; some slight hæmorrhage from the chest wounds, but of no great consequence; hemiplegia well marked. The bowels being sluggish, two grains of calomel were given, and an ordinary aperient draught ordered for him two hours later.

4th.—Passed a good night; hæmorrhage from the chest rather free during the night, the lint-pads being saturated; respiration regular and easy; no pleuritic or pneumonic inflammatory symptoms present themselves; the crepitation of the emphysema prevents auscultation being used; the emphysema reaches the wrists; pulse small—86-90. The wounds dressed; all are doing well. To-day the patient has been moved into a more convenient room. Mr. Fergusson met me later in the day, and confirmed the treatment. Towards night, being rather restless, a sedative draught was given.

5th.—Has slept soundly for ten hours. Pulse regular, full—86-90. Emphysema is more diffused, and is now felt about the

ankles. He is very cheerful, and expresses himself as being free from pain. An enema of thin gruel ordered to relieve the bowels.

6th.—After a second enema, which contained some castor oil, had been administered, the bowels were freely relieved, and much flatus expelled. The wounds of the throat are firmly adherent, and those of the chest are closing. Some slight degree of motion and sensation experienced in the left leg. Pulse soft, steady, and 86–90. He was allowed fish and gravy soup for dinner, and one glass of sherry.

8th.—Very free purging has supervened, since which the emphysema has much diminished, the face having almost assumed its natural expression. He has since the 7th taken two grains of calomel, with a quarter of a grain of opium, every four hours. He can to-day flex the left knee, raise the leg, &c. The chest wounds completely closed by granulations; the sutures from the wound in the throat were removed to-day, union being complete. To continue calomel pills every six, instead of every four, hours. A stomachic draught ordered.

10th.—With some little assistance he raised himself, and is now sitting up in bed reading. The ptosis of the left eyelid is very nearly removed; the left leg daily acquiring renewed vigour, but the superior limb is completely powerless and useless. He complains of feeling in it at times very singular pains. Emphysema very much diminished, most evident about the upper part of the chest. Respiration is regular, and on applying the ear to the right side puerile respiratory sounds are easily defined, and there is no question but that the upper portion of the left lung has some amount of functional activity; the condition of the lower portion of the same lung cannot, owing to the emphysema, be so well ascertained. The bowels are regularly relieved once or twice daily.

19th.—Much improved since last report. Mr. Fergusson since the 15th left the patient entirely to my care. He is up and dressed daily, and, aided by a stick, walks about his room. Emphysema almost removed, to be faintly felt about the pectorals and in the axillæ. Percussion shows the left side of the chest to be more resonant than the right side, due, no doubt, to the presence of air in the cavity. On applying the ear, there could be distinguished clear and distinct respiratory murmurs—this is over that portion of the chest corresponding to the middle and upper part of the lung. No murmurs could be detected in the base of the lung, and vocal resonance is far from clear. On the right side the respiratory sounds are clear, puerile, and rather prolonged; especially is this so at the apex of the lung. The cardiac sounds are clear, but rather faint. The pulsations of the heart's apex are not perceptible in the intercostal space. Hemiplegia is gradually disappearing. The patient walks freely, aided by a stick, a distance of two or three miles without being distressed. He can raise his left arm at the shoulder, and in a jerking manner advance the forearm; he has no influence over the flexors of the fingers. Temperature of the limb is increasing. Since the 11th he has taken six grains of iodide of potassium three times daily in a bitter infusion, and a pill also every night, containing two grains each of mercury-with-chalk and compound ipecacuanha powder. The gums being now somewhat tender, he is to take the pill every alternate night.

June 13th.—The patient now resides in the country, and walks out daily. He expresses himself as enjoying as good health as ever has fallen to his lot. He can now raise his left hand to his head after a slight effort, and can with some ease extend the left arm at a right angle, and hold it thus for some seconds. Supination and pronation of the forearm can be performed, but not very freely. To continue remedies, and exercise the left arm by the use of light weights. It is now only a question of time as to the entire recovery of the use of the limb.

Jermyn-street, July, 1862.

A CASE OF

CHYLOUS URINE SUCCESSFULLY TREATED BY TINCTURE OF MURIATE OF IRON.

BY G. C. DUTT, ESQ.,

SUPERINTENDENT OF THE BHOWANIPORE GOVERNMENT DISPENSARY.

I BEG to forward the following particulars of a case of chylous urine which came under my notice some few weeks ago. The case is so far interesting that it presented several peculiarities which have not (as far as I know) been mentioned by authors who have written upon the subject:—

Sh'aghur, a male Hindoo, aged twenty-four years, became an out-patient of the Bhowanipore Dispensary on the 25th of April last. He reported himself to have been suffering from chylous urine for four years, during which time he had been under several practitioners, and had taken a variety of medicines; but with very little benefit. As a last trial he came to me. On examining a specimen of his urine, it was found to be of a milky-white colour, thick, and full of coagula. There was no pinkish tinge in it. I am sorry to say I did not examine it for sugar. The patient stated that at the commencement he had slight pain in the region of the right kidney; but that it was removed by a blister, which, however, did not produce any effect on his morbid urine. He was dyspeptic; but his general health was good, and there was no evidence of any visceral disease or any local affection of the lymphatic system. He had a slight attack of intermittent fever while under my treatment, and which was cured by a few doses of quinine. The peculiarities of this case were that the urine passed during the day was clear and free from chyle, while that voided during the night and in the morning was deeply loaded with it. At night micturition was frequent, and the urethra would sometimes get blocked up by coagula. He was very much subject to night emissions.

I treated him at first for dyspepsia, which did nothing more than improve his appetite. For this purpose I gave him tonics, antacids, &c. I then tried gallic acid, in three-grain doses, three times a day, for five days; but with no better success. In fact, the symptoms were aggravated while under this treatment. I then resolved to try some preparations of iron, and accordingly ordered him fifteen minims of tincture of muriate of iron, in an ounce of infusion of quassia, to be taken three times a day. Before he had taken the medicine for three days the improvement in his urine was marked, and at the end of the week it was entirely free from chyle. I kept him under observation for more than four weeks after this, and intermitted the use of the drug for a week, and am happy to say that his urine continued free from chyle. He was discharged on the 6th of June as cured.

I have very little to remark on this case, especially as its pathology is involved in great obscurity. There are one or two points worthy of note: Was there any connexion as cause and effect between the dyspepsia and the chylous urine? I leave it to some of the numerous readers of THE LANCET to answer this question for me; but it is quite evident that there could not have been any organic lesion excepting a slight irritation of the right kidney at the outset. The night emissions may have been due to some irritation existing at the mouth of the bladder; the patient remained subject to them long after the urine had ceased to present any trace of chyle in it.

Bhowanipore, Calcutta, 1862.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla est alia pro certo noscendi via, nisi quam plurimas et morborum et dissectionum historias, tam aliorum proprias, collectas habere et inter se comparare.—MORGAGNI. *De Sed. et Caus. Morb.*, lib. 14. Proœmium.

ST. BARTHOLOMEW'S HOSPITAL.

COMPLETE AND UNYIELDING ADDUCTION OF BOTH THIGHS; SECONDARY TALIPES EQUINUS; SUCCESSFULLY TREATED BY FORCIBLE EXTENSION.

(Under the care of Mr. COOTE.)

ELIZABETH L——, aged seventeen, became the subject of a severe burn when about twelve years of age, in consequence of her clothes catching fire. She was more particularly burnt about the thighs, hips, back, and lower part of the abdomen, where numerous large cicatrices indicate the parts in which deep and extensive sloughs must have separated. On the outer surface of the left thigh there is a deep depression, leading to a cicatrix, the size of a five-shilling piece, and attached to

the bone; but all the cicatrices have become soft and pliant, and as much as possible like the healthy skin. The limbs are warm, soft, and well developed; but the thighs are in a state of unyielding adduction, partially crossing one another. They are in a state of extreme extension as regards the pelvis (i. e., in a straight line as regards the trunk), and apparently immovably attached to the pelvis as by osseous union. There is free movement at the knee, but both feet are in the position usually termed talipes equinus. The girl, who possesses considerable personal attractions, stated that she had been confined to bed two years after the accident, and left her bed in her present condition. She can walk, but in a most ungainly way, resting on the fore part of her feet, the heels raised, the knees crossed, the thighs pressing one on the other. She throws the pelvis forward at each step. Mr. Coote remarked that this deformity, he thought, proceeded from contractions about the hip-joints, the result of faulty positions maintained during the two years' confinement, while the large wounds were cicatrizing. There was no loss of nerve power nor deficiency of nutrition, the limbs being warm and of normal size. He expected to find the articulation of the hips uninjured. She had been under the care of several surgeons at different times.

On Saturday, June 28th, Mr. Coote made forcible extension of both limbs, the patient's muscles having been rendered completely relaxed by the administration of chloroform. He was assisted by Mr. Buller, and several visitors were present. (At this hospital, all cases involving personal exposure in the female are performed in the wards, and with as much respect to the patient's feelings as possible.) Both limbs were bent at the knee-joint, and were then forcibly abducted. The force was applied by the arms of the surgeons, and was maintained firmly, without jerking, but gradually increasing, until at first a deep-seated cracking sensation was felt in the left hip joint, then after about five minutes in the right; the sound was as if firm fibro-cartilage had been torn. In a few seconds after this all resistance suddenly ceased. No further extension was made, but both limbs came down at once to their normal position. Mr. Coote tried them gently, and found that in both movement at the hip-joint was complete.

The further treatment of the case will be effected by apparatus to prevent recontraction and ensure free motion in the various joints. The patient was much excited with joy at the result, and at the present time is going on well.

ROYAL FREE HOSPITAL.

CLINICAL REMARKS ON A CASE OF COMPOUND FRACTURE OF THE LEG, WITH PREVIOUS RACHITIS; EXCISION OF PROTRUDING PORTIONS OF THE TIBIA; RECOVERY, WITH A STRAIGHTENED LIMB.

(Under the care of Mr. GANT.)

S. B——, aged forty-eight, was admitted to the hospital with a compound fracture through the middle of the tibia and fibula, the result of direct violence. Two small wounds at the seat of fracture communicated with the bones. The tibia was much curved forward (as was that also of the other leg), owing to previous rachitis, so that the broken ends of this bone threatened to protrude. There was considerable contusion of the soft textures of the leg, which rapidly became swollen to a large size. The patient—a widow, without family—was of intemperate habits, and intoxicated at the time of the accident. Her stature was diminutive; and in early life, having been subject to rickets, several bones had been fractured—namely, those of the other leg and of both arms.

The limb was reduced and put up in the ordinary manner; but in a few days suppuration ensued at the seat of fracture, and the broken portions of the tibia protruded. The patient's general health was well sustained by food and her accustomed stimulants, with opiates nightly. Every chance was given for union, without further interference; and the progress of the case showed that this result would have taken place, thus disproving the views formerly held by authorities, and still lingering in systematic works on surgery—to the effect that intemperance and rickets are unfavourable to the union of fracture. But in the present case the arched shape of the tibia disarranged the even and quiescent apposition of the fragments, and perpetuated their protrusion.

Under these circumstances—six weeks having elapsed without union, although the patient's general health was much improved—Mr. Gant considered it advisable to excise the broken ends of the tibia, and sufficiently so to enable him to reduce the leg to a better shape than before the accident. This proceeding—next to saving the limb intact—was a more conservative measure than amputation. Failing to accomplish the first object, this operation offered itself as a measure intervening, so to speak, between that and saving the life at the cost of the limb. Accordingly, Mr. Gant enlarged the wound sufficiently to freely expose the portions of bone. The anterior tibial artery was seen beating along their outer aspect, and was avoided. The leg being then sufficiently bent at the seat of fracture to evert the fractured ends, they were sawn off, each to the extent of about an inch. The leg was then reduced to a far straighter shape than before this operation, and the case was afterwards treated as an ordinary compound fracture. In the course of two months firm osseous union had ensued, and the patient was discharged in good health, with a sound limb about two inches shorter than its fellow. A high-heeled shoe enabled her to walk with comfort and facility.

Mr. Gant observed that this operation has the same conservative relation to fracture that excision has to disease of a joint; either operation being a compromise between saving the limb intact and its sacrifice by amputation. Whenever fracture was irreducible, or incapable of being kept reduced, owing to deformity of the bone; in compound fracture with protrusion and contusion of the broken ends of bone; in fracture of diseased bone; and in some cases of obstinate ununited fracture,—excision of the broken ends might be resorted to, and practised with success.

KING'S COLLEGE HOSPITAL.

CLINICAL REMARKS ON A CASE OF CANCER OF THE UTERUS.

(Under the care of Dr. TANNER.)

MRS. A. P——, sixty-two years of age, was admitted as an out-patient in July, 1860. She was thin, weak, and care-worn; pain and poverty had traced deep lines on her face. The history she gave was as follows:—She has had ten pregnancies and nine children. The last child was born at the full term on November 21st, 1840; has not been pregnant since. Usually been in bad health, without being actually ill. There is no hereditary tendency to any disease that she can remember. First began to feel very weak and low about fifteen months ago, but had no advice until the commencement of the year. At this time she had a slight attack of flooding, with bearing-down pain. Since then she has suffered chiefly from backache, gnawing pain at the lower part of the stomach, and an offensive watery discharge. Appetite bad; has very little sleep at night, and is very desponding.

On examination, the uterus was found low down in the cavity of the pelvis, and completely fixed. The lips were destroyed by a large malignant ulcer, the edges of which were hard and fungoid. There was a copious, very offensive, watery discharge, and the examination produced pain, with a slight hæmorrhage. In the treatment of this case there appeared to be three prominent indications. These were, to keep the diseased organ as quiet as possible, avoiding all local treatment and examinations; to maintain the general health by helping her to procure good nourishing food, and by taking care to check any hæmorrhage directly it set in; and to relieve her pains as far as could be done without impairing the functions of the stomach, &c. Acting on these principles, the only medicines administered have been gallic acid, with the compound tincture of cinnamon, and sulphuric acid whenever there was any discharge of blood, together with the daily employment of morphia. Had it been certain that a deodorizing injection could have been carefully and gently used, a solution of the permanganate of potash would have been ordered; as it was, Dr. Tanner felt convinced that any injection would do much more harm than good. Under this simple plan of treatment the patient's health is now (July 11th, 1862,) in such an improved state, that she can walk two miles at least without fatigue. The appetite is good; the pain is only severe when she omits taking half a grain of morphia thrice daily; her bowels act every second day, and she sleeps well at night. She is thin, however, and has the appearance of one suffering from malignant disease. The condition of the uterus is much the same as it was, except that the discharge is less, and the tendency to hæmorrhage has much diminished. It is strange that the ulceration seems to be stationary, being neither better nor worse than it was two years ago.

This case well illustrates the power possessed by the physician of relieving suffering and prolonging life when he is unable to effect a cure. The patient was informed of her condition when she first applied to Dr. Tanner; and thus, not expecting anything impossible, has been led to persevere, and to be very grateful for the relief afforded.

GREAT NORTHERN HOSPITAL.

HYDATID TUMOUR OF THE LOIN; OPERATION; CURE.

(Under the care of Mr. T. CARR JACKSON.)

MARY R——, aged thirty-one, a governess, admitted on the 15th of May last. She cannot give any history of her case, having always enjoyed good health, beyond the fact that her friends, perceiving some protuberance of the right side, imagined that she was becoming deformed in the spine, and, under such impression, she presented herself amongst the out-patients at the Hospital for Deformities in the Portland-road. Mr. Jackson finding, however, that the deformity in question resulted from a tumour situated on the mass of muscles of the loins, and as she was very anxious to be rid of it, admitted her into the Great Northern Hospital. The tumour was about five inches in length, and crossed vertically the direction of the lower ribs. This swelling must have increased very slowly, for she had never suffered any inconvenience, nor even been aware of its existence. It was thought to be an ordinary fatty tumour; but its ill-defined border, with an obscure fluctuation, resulting from the firm resistance given to it by its position and immobility of its deeper part, caused a doubt as to its true nature. Mr. Jackson, therefore, punctured it preliminary to further proceedings, when a limpid serous fluid, of a milky-white colour, immediately flowed out. The finger introduced into the wound appeared to pass into an ordinary cyst, and the coverings were thereupon divided to the extent of the boundaries of the swelling; but a mass of muscle bulging up and sending a similar fluid from the puncture, which had extended into it, a further incision was made, and a spacious cavity found to exist, from which escaped a number of hydatids; and the membranous sac or cyst proper to the animal was seen and seized by Mr. Lawson, who was assisting, and readily extracted. The tumour evidently lay beneath the extensor muscles of the spine, but was not apparently connected with the contiguous ribs. The cavity, a somewhat large one, was then stuffed with lint. No suppuration followed, and the patient was discharged, with the wound nearly healed, eighteen days subsequent to the operation.

On examination by Dr. Meadows, the outer investing coat was formed of tough, fibrous membrane of considerable strength, and composed chiefly of white fibrous tissue. It was readily separable from the cyst itself; indeed, they seemed to have little or no attachment, the latter being smooth and shining on its outer surface. The cyst was about the size of a duck's egg, and contained a pale-yellowish fluid, in which were floating several smaller cysts. The wall of the primary cyst was about a line in thickness, white and glistening, tolerably firm, except when once torn; it was then found to be easily separated into layers of delicate, transparent, and perfectly structureless membrane. Throughout this cyst-wall not the slightest appearance of any cellular or fibrous structure could be discovered.

Within this primary cyst were several smaller ones, of about the size of a bean, floating about in the contained liquor; their walls were quite transparent, and under the microscope presented the same appearance as the parent cyst. Through them a number of smaller cysts of various sizes could be seen; these again contained others still smaller, and so on almost *ad infinitum*. When a drop of the fluid was examined with a high power, it was found to be filled with innumerable germs, having all the external characters of the smaller cysts; they were of different sizes, some much smaller than a human blood-disc, having no nuclei nor granules of any kind. Here and there a hooklet was to be seen in the fluid pressed from the cysts, thus revealing unmistakably the true character of the tumour.

Whilst hydatids are remarkably common in the muscles of some species of animals, especially swine, they are but seldom seen in the same situation in man, yet scarcely any muscular site is free from their invasion. They have been found no doubt before in the loins, but their presence in this locality is comparatively rare. It is a curious circumstance in the history of the foregoing case, that what led to their discovery was the impression on the part of the patient and her friends that she was suffering from disease of the spine.

WESTMINSTER HOSPITAL.

ESMARCH'S OPERATION FOR CLOSURE OF THE MOUTH FROM CICATRICES.

(Under the care of Mr. HEATH.)

THE importance and value of the operation introduced into practice by Professor Esmarch, of Kiel, we had the opportunity of witnessing on the 8th instant, in a lad fifteen years of age. As we purpose giving the particulars in full at a future period, we shall merely state on the present occasion that he had sloughing of the mouth and cheek from fever seven years ago, which was followed by firm closure of the jaw. In 1856 Mr. Fergusson operated upon the boy, and divided the cicatrices from the inside, with decided relief at the time; but it was not permanent, for he relapsed into his original condition, and has remained so ever since. His health at last was giving way, for he had to be fed between the teeth wherever an opening was present. Mr. Heath made an incision two inches in length along the lower margin of the right side of the jaw, dividing the facial artery, and then tying it. He then dissected up into the mouth in front of the rigid bands of tissue, and sawed through the bone in two places, removing a piece half an inch long, which contained the mental foramen. There was a little hæmorrhage from the dental artery, which was controlled by pressure. This operation permitted the opening of the mouth, and food could be readily taken. For the present the patient is going on satisfactorily.

LONDON HOSPITAL.

CALCULUS VESICÆ; LITHOTRITY; CLINICAL REMARKS.

(Under the care of Mr. MAUNDER.)

F. B——, aged fifty-six, admitted May 22nd, 1862, with calculous symptoms. Exclusive of stone in the bladder, Mr. Maunder said, the case was interesting in reference to the history of the patient. In his youth he had experienced attacks of gonorrhœa; and four years ago, judging from the history and from the cicatrices on the perineum and scrotum, he had suffered from extravasation of urine, and was submitted to perineal section in a London hospital. Notwithstanding this apparently unfavourable antecedent in a case in which lithotrity was contemplated, it was clear that no stricture existed at the present time, because a No. 12 catheter and a full-sized lithotrite could be passed into the bladder with comparative ease. To what influence could this satisfactory state be referred? It appeared on inquiry that the patient had persisted in the practice of passing a No. 10 catheter for himself, once a week, ever since his recovery from the attack of extravasation; and, notwithstanding the performance of perineal section, Mr. Maunder regarded the permeable condition of the urethra to be due to the unceasing use of the catheter, and a good example of what catheterism will in general effect, but which no other operative proceeding unassisted by the catheter will with certainty ensure. The case was favourable for lithotrity—the urethra being capacious, the bladder capable of retaining eight ounces of water, and, symptoms of stone having existed four weeks only, the foreign body was probably small.

The result of the operation was quite successful.

KAM LE FAU HOSPITAL, CANTON, CHINA.

SARCOMATOUS TUMOUR OF THE RIGHT ORBIT; EXTIRPATION.

(Under the care of Dr. CARMICHAEL, Surgeon to the Hospital.)

THE patient, a woman seventy years of age, said that about eight years ago she first became aware of the presence of a small swelling under the right eye. It continued slowly to enlarge, but so imperceptibly as to cause her little if any uneasiness. It was not until within the last two years that it made such rapid progress as to excite any serious apprehension of its insidious course. She was at that time affected with periodical pains in and about the eye, varying in degrees of intensity. The eye was pushed upwards and forwards; and impairment of vision was followed by total blindness.

At the date of admission (March 25th, 1862) her appearance would be difficult to describe. A large tumour occupied the whole of the orbit, and protruded in the form of a turnip. The skin of the eyelids was loose and hypertrophied, covering the greater part of the upper and the lower surfaces of the tumour respectively. There was well marked facial paralysis.

The operation was performed thus:—Two incisions were made: the first, a vertical one, on a line drawn from the middle of the supra-orbital ridge, and terminating at the lower border of the tarsal cartilage; the other, a horizontal one, an inch in length, from the external canthus outwards. The flaps were then carefully dissected, and the anterior part of the tumour was completely exposed; the muscles, which were quite atrophied, were severed; and a little more manipulation sufficed to complete the operation.

The tumour, when removed, presented the following characters:—Antero-posterior diameter, three inches and a half; large circumference, eight inches; weight, five ounces. The eye itself was embedded in the mass of disease, like a fossil—only about a third of it being visible, with contour preserved, and almost natural in appearance. The orbital cavity was much enlarged, and the walls were quite attenuated.

The after-treatment was conducted on general principles. A piece of sponge was introduced into the cavity, and a bandage, for support, was applied round the head. For several consecutive days cold-water applications were unremittingly used. On the third day after the operation erysipelas suddenly attacked the opposite side of the face, but as quickly disappeared without any peculiar treatment and without interfering with the progress of the case, which was going on very satisfactorily. At the present time, after a month's treatment, she is comparatively well. The wounds have healed; the redundant skin of the eyelids has contracted; the facial paralysis has disappeared; and nothing remains of the deformity except the want of an eye. An artificial one cannot be substituted, at present at least, for obvious reasons.

Medical Societies.

OBSTETRICAL SOCIETY OF LONDON.

JUNE 4TH, 1862.

DR. TYLER SMITH, PRESIDENT, IN THE CHAIR.

ON A CASE OF PRESENTATION OF THE RIGHT ARM AND SHOULDER; DELIVERY BY THE NATURAL POWERS, OR SPONTANEOUS EVOLUTION.

BY RICHARD HODGES, M.D., F.R.C.S.

THIS labour set in on the 8th of January; the liquor amnii then escaped, and no more uterine action occurred until the 10th, when the hand was found presenting. An attempt was made to introduce the hand into the uterus to turn, but unsuccessfully, owing to the firm contraction of the uterus; and, finally, expulsion took place by evolution, the breech passing first. The child had apparently been dead some days.

FOUR ADDITIONAL CASES OF OVARIOTOMY.

BY W. TYLER SMITH, M.D., F.R.C.P.

The present cases are in continuation of those presented to the Society in February and July, 1861, and numbered from 1 to 8.

CASE 9. *Polycystic disease of both ovaries; operation; death.*—The subject of this case was fifty-nine years of age, unmarried, and had suffered from ovarian tumour for thirty eight years, a longer period, it is believed, than has been recorded of any similar case. She was of immense size. The operation was by the long incision, the bulk of the tumour being solid. Professor Simpson was present, and assisted at the operation. Numerous adhesions rendered the removal of the tumours very difficult. The pelvic adhesions were especially firm. In breaking them down, the rectum was slightly wounded. The patient died from shock six hours after the operation.

CASE 10. *Polycystic disease of both ovaries; operation; death.*—Mrs. M—— had been suffering from ovarian tumour for two years. She had been once tapped, but ineffectually. The tumour was large, and chiefly solid. There was dropsical swelling of the feet, legs, and abdominal walls; a quick pulse, and great emaciation. The tumours were removed by a moderate-sized incision, but the adhesions were extensive and firm. As in the former case, the pelvic adhesions were most formidable. The peritoneum was found to be extensively diseased, being covered in patches with masses of scirrhous hardness nearly an inch thick. The pedicles were secured by ligatures, which were left hanging from the lower part of the wound. This patient lingered for three days, and then died of exhaustion.

CASE 11. *Polycystic disease of the left ovary; operation; recovery.*—This patient (Mrs. H——) had suffered for upwards of two years. In the first instance, tapping was attempted, but nothing escaped through the trocar, save a little blood. The tumour was large, and almost entirely solid. There were adhesions to the small intestines, the omentum, and the abdominal walls. The pedicle was of large size, and the clamp was used to secure it. Great irritation and some hæmorrhage were caused by the sloughing of the large pedicle; but with these exceptions her recovery was uninterrupted, and she is now convalescent.

CASE 12. *Polycystic disease of the left ovary; operation; recovery.*—Mrs. H——, aged fifty-eight, was first tapped and pressure applied. Two cysts were emptied, but a considerable quantity of solid matter still remained. After the tumours had refilled, the operation was decided on, and performed in the presence of Professor Nélaton. The tumour was removed by a small incision. It was adherent to the omentum and the abdominal walls. The pedicle was slight, and after being tied with a silk ligature the pedicle and the ligature were cut off as short as possible, and dropped into the abdomen. The wound was then closed entirely. It healed by the first intention. There was not a bad symptom, and in ten days she was convalescent. This is the second successful case in which the author has returned the pedicle and ligature into the abdomen.

Thus, up to the date of the paper, the author has performed ovariotomy in twelve cases. Of these, three have died, and nine have perfectly recovered. One of them has since become pregnant.

MR. SPENCER WELLS said that he had been especially interested during the reading of the paper by the account of the two cases in which the pelvic adhesions had been so extensive, and by the mode in which the author had secured the pedicle in two other cases. He (Mr. Wells) felt that those who were learning how to lessen the mortality after ovariotomy had no more difficult problem to solve than the best way to deal with the pedicle. The fact that the author had in two successful cases tied the pedicle and returned it, with the ligature cut off short, into the peritoneal cavity, leaving the ligature and the portion of pedicle which it strangulated within that cavity, and closing the wound entirely, was very surprising; but it taught a very important lesson; and if it did not lead him (Mr. Wells) to follow the example so set without modification, it would certainly encourage him, in any suitable case, to tie the vessels only (not the entire pedicle) with wire, to cut off the ligatures short, return the pedicle, and close the wound. With regard to pelvic adhesions, he would remark that he looked upon them as one of the most serious indications against ovariotomy. He had several times refused to operate where dislocation of the uterus and the presence of fixed portions of an ovarian tumour between the uterus and rectum or the uterus and bladder had been detected; and in cases in which the patients had died of the natural progress of the disease the justice of the decision had been proved. In one case, the rectum, uterus, cyst, and bladder were found so joined together that it was almost impossible to separate them after death. Occasionally, it was extremely difficult to say whether portions of ovarian tumours in the pelvis were adhering there, or were simply pressed downwards and non-adherent. He had two cases of this kind now in the Samaritan Hospital, and he intended to tap the abdominal cysts to see if (when those were empty) the pelvic portion could be pushed upwards. In this manner he had cleared up the diagnosis in other cases. It was only by carefully observing various cases that we could arrive at the knowledge of the conditions which render ovariotomy advisable or otherwise; but we are now beginning to learn this, and to be able to say to a patient or her friends either that the case is one where recovery may be hoped for very confidently, or one where the prospect of success or failure was about equal, or one where the conditions are so unfavourable that no reasonable hope of success could be entertained. Among these conditions he was disposed to class pelvic adhesions. At least this was the result of his own experience, and the two fatal cases narrated this evening supported that view. The profession in general, and those who were endeavouring to diminish the mortality after ovariotomy in particular, were much indebted to the author for this addition to their knowledge.

ON THE VESSELS CONCERNED IN THE PRODUCTION OF PHLEGMASIA DOLENS.

BY W. TILBURY FOX, M.D. LOND.

The author first referred to Dr. Mackenzie's experiments as insufficient to determine the question of the production of phlegmasia dolens, and proceeded to argue that venous obstruction is followed by œdema only; that the action must be the same, whether the obstruction be produced locally or indirectly through a vitiated blood condition. If any difference in the two cases existed, the changes over and above œdema, which characterize the lesion as phlegmasia dolens, must be ascribed to the action of the blood state (which is absent in the locally produced disease) upon the general textures of the limb. If this view be adopted, the influence of the veins is *nil*, and we must look for the explanation in a special action carried on between the blood and the tissues. That the clinical history forbids the acceptance of such a doctrine, inasmuch as the very conditions (viz., blood-vitiation tending to produce "phlebitis") which are regarded as the cause of phlegmasia dolens very frequently exist, and yet are very rarely followed by white leg—for example, in the various blood-poisonings unconnected with the parturient condition. That if produced under the circumstances mentioned, the disease ought not to be so frequently unilateral, nor confined to the lower limbs. That the occurrence of white leg in cases of cancer, phthisis, pressure, &c., could not be explained hereby. That the death-rate of phlegmasia dolens forbad the same interpretation of the phenomena. That in the experiments of the injection of lactic acid into the blood by Dr. Mackenzie, there was no evidence to show that in the dogs operated upon anything but œdema resulted. That the existence of phlebitis, except as the rarest feature, is fallacious in cases of venous disease. Attention was then drawn to the distinction between the coincidences and the essentials of phlegmasia dolens, as in the case of puerperal fever complicated by the latter. For example, take away from the general total of such a case the proper puerperal fever symptoms, and the phlegmasia dolens remains in perfect integrity; *per contra*, take away the hot, white, tense, elastic swelling, and the puerperal fever remains in its entirety. In the combination, however, the pathological changes normal to phlegmasia dolens may be modified by the tissue actions (abscess, &c.), which are the consequences of the existence of a virus in the blood; in uncomplicated phlegmasia dolens, the tissues are passive, so to speak.

The succeeding remarks went to show that the theory propounded by White was correct with regard to the *nature*, though not as to the *cause*, of phlegmasia dolens; that in the natural condition a large quantity of lymph travels from the limbs towards the thoracic duct, and when this current is impeded markedly white leg resulted. The case of the absorption of a poison into the cellular tissue (which, according to some, controverts White's opinion) was examined, and it appeared that this might or might not be followed by phlegmasia dolens, according as the obstruction in the lymphatics affected the main current or merely some minor channels (the latter being the rule); the swelling being modified in severe cases, as before observed, by the relative action of the septic blood state and tissues. Cases were quoted to prove that lymphatic obstruction is sufficient, and alone necessary, to give rise to phlegmasia dolens. The paper concluded with the following summary:—

1. Phlegmasia dolens is a local disease.

2. No general symptoms need be present (implying absence of blood-poison).

3. Phlebitis, however produced, cannot give rise to phlegmasia dolens, but œdema only.

4. Phlegmasia dolens may occur in, but forms no necessary part of, blood-poisoning (such as tends to phlebitis), but is modified thereby frequently; and any tissue conditions over and beyond the presence of fibrinous serosity, and the consequent hypertrophous state of the areolar tissue, are in nowise essential components of phlegmasia dolens, but common alike to very many different "blood" diseases.

5. Obstruction to the main lymphatic channels alone is capable of giving rise to white leg, and acts by preventing the removal of the lymph from the affected limb.

6. The obstruction may be the result of (*a*) extrinsic pressure; (*b*) thrombosis due to sudden (compensatory) absorption of vitiated fluid after sudden loss of any kind; (*c*) inflammatory changes in the vessels themselves (rare).

7. The effect of the action of venous obstruction upon the phlegmasia dolens is an intensification of the general swelling, and the presence of œdema during the subsidence of the enlargement of the limb.

Lastly, a frequent but unrecognized source of blood-vitiation was alluded to, namely: in cases where large tracts of cellular tissue were diseased—as in erysipelas, sloughing, cancerous, phthisical, and dysenteric ulcerations, and the like—the lymphatics, charged with effete matter, and an excessive number of imperfectly-developed pale cells, formed in their glandular part, poured their contents into the venous system from the thoracic duct; and this might be a cause of thrombosis at the right side of the heart and in the vessels leading to the lung.

DR. TYLER SMITH thought the Society very much indebted to Dr. FOX for the able way in which upon several occasions he had brought forward this important subject. His own view was that all the symptoms of phlegmasia dolens might be produced either by obstruction of the veins, arteries, or lymphatics; but that pathology and clinical observation combined to show that obstruction of the veins was the lesion most frequently found in these cases. The author of the paper had rendered a service by directing special attention to the lymphatics in this disease—a point which had been somewhat lost sight of in the present day.

DR. FOX, in reply, asked the President to explain how phlegmasia dolens resulted in cases where no trace whatever of venous disease existed post mortem; and how it was, supposing blood-vitiation and venous obstruction to be the cause, that sometimes œdema and sometimes phlegmasia dolens resulted; why the swelling commenced sometimes above and sometimes below; why phlegmasia dolens, which was a greater degree of disease than œdema, resulting from blood-vitiation (according to prevailing theories), possessed so low a mortality. It was evident in blood-disease, as appears from recent pathological inquiry (especially brought out in the late discussion on puerperal fever at the Parisian Academy), that the lymphatics are as frequently affected as the veins, as in the broad ligament of the uterus. A distinction must be drawn between thrombosis and inflammation of the lymphatics, which was usually due to septic poison, obstruction being uncommon, and certain tissue actions, set going in answer to the blood state, modifying the whole character of any swelling. He (Dr. FOX) did not throw cold water upon pathological facts, for the paper was based upon such; but thought that experimental evidence, such as that brought forward by Dr. Mackenzie, should not set aside clinical facts.

DR. AVELING'S POLYPTRITE.

A description of this instrument appeared in THE LANCET of June 21st.

EPIDEMIOLOGICAL SOCIETY.

DR. BABINGTON, PRESIDENT, IN THE CHAIR.

A PAPER by Dr. SLAYTER, the Health Officer of Halifax, was read by the Secretary of the Society, entitled

NOTES ON THE RECENT PREVALENCE OF YELLOW FEVER IN SEVERAL OF H.M.'S SHIPS OF THE WEST INDIA SQUADRON UPON THEIR ARRIVAL AT HALIFAX; WITH REMARKS ON THE CLIMATE AND DISEASES OF THAT TOWN.

Halifax is built on a promontory nearly surrounded by water, and lies on a slope opposite one of the noblest harbours in the world. It possesses a well-arranged system of sewerage, and the houses are not overcrowded. The soil is dry and free from alluvial deposits, and from those miasmatic influences so necessary for the propagation of contagious diseases. The temperature in the hottest days of summer seldom exceeds 80°, and is generally below 75°. All these circumstances tend to render Halifax the safest rendezvous for seamen suffering from that fatal scourge—yellow fever—which has for some years past been prevailing so extensively in the Gulf of Mexico.

H.M.'s ship *Firebrand* arrived from Jamaica, at Halifax, on the 4th of July, 1861, after a passage of twelve days. There were then seventy-nine of the crew on the sick list—all fever cases. Ten deaths had occurred during the voyage from Port Royal. Many of the sick were moribund, the attendants were exhausted from constant watching, and dejection prevailed amongst all on board. The atmosphere in the between-decks was very impure, the port holes having been closed in consequence of stormy weather. All the sick were at once transferred to a hulk moored off the naval hospital, and the convalescents and others sent to a storehouse in the dockyard. There were fifteen

convalescents, thirty convalescing, and thirty-four seriously ill at this time. Several fresh cases occurred subsequently, and two were fatal with black vomit. Besides these deaths in the hospital on shore, sixteen took place amongst the sick in the hulk. From the commencement of the disease, the *Firebrand* lost forty-nine of her crew out of a hundred and seven attacked.

H. M.'s ship *Spiteful* arrived on the 16th of August, 1861, at Halifax from the Bahamas, which she had left seven days before. Eleven deaths had occurred on the passage, and forty-six cases were on the sick list on arrival; two died that night. The sick were at once sent to the hulk, and the convalescent and the well to the dockyard. Some of these sickened with the fever on shore, and were then transferred to the hulk. Altogether thirty-three sick were treated at Halifax, and of these twelve died. The *Spiteful* lost in all thirty-six of her crew, out of eighty-eight attacked.

H. M.'s ship *Racer* arrived at Halifax from Nassau on the 3rd of September, 1861. During the passage nineteen cases and five deaths occurred. Several fresh attacks took place after arrival. The total number of attacks among the crew of this ship was sixty-one, of which twenty proved fatal.

The case of H. M.'s ship *Jason* is especially instructive. She reached Halifax on the 2nd of September, 1861, from the Gulf of Mexico, which she had left sixteen days before in consequence of fever having broken out on board. During the voyage forty-six fresh cases and ten deaths took place. All the sick were sent to a building in the dockyard. A good many fresh attacks occurred after arrival. The total number of attacks among the crew was seventy-nine, and seventeen proved fatal. About the middle of November the *Jason* returned to the West Indies. She had been cleansed out while at Halifax, and much filth had been removed from her hold. Her ventilation also, which had been very defective, had been improved by cutting fresh hatches in the decks, taking down bulk-heads, &c. Within eight days, however, after leaving Halifax, typhoid fever appeared among the crew, and the first two cases were fatal. The disease continued to appear at intervals on board while the ship was off the Mexican coast. It did not assume the characters of black-vomit fever until the month of March, and the change of type seemed to be consequent upon the ceasing of the northerly winds, and the setting in of close, muggy weather. Before the decided yellow fever manifested itself, the health of the ship's company had not been satisfactory; cases of ordinary catarrh, dyspepsia, and diarrhœa showing a tendency to lapse into fever. The same thing had been observed the year before, prior to the outbreak of the more malignant disease. Notwithstanding the purification of the ship's hold at Halifax, and every effort to keep the bilges as clean as possible, the latter were at times offensive. It was judged expedient that the *Jason* should again leave the West Indies and proceed to Halifax, which she reached at the end of April. No fresh cases of fever had occurred on board for a fortnight previously.

Without further details, it may be mentioned that of 855 men, the aggregate crews of five steamers, no fewer than 499 were attacked with fever, and 162 died. It is instructive to learn that not a single case of the fever occurred among any of the people about the dockyard at Halifax, or in any other person of the town.

In conclusion, Dr. Slayter remarked that Halifax has not been visited by Asiatic cholera since 1844; that diphtheria has prevailed for the last six or seven years; that the practice of vaccination is at times much neglected, and that consequently small-pox is every now and then making its appearance. Unfortunately, there is no correct registration of deaths kept.

Dr. COPLAND was of opinion that the original source of the fever on board the ships and subsequent unusual occurrence at Halifax were readily explicable by infection. He believed also that there was in many respects an affinity between yellow, typhus, and typhoid fevers.

Dr. MILROY pointed out the highly important facts mentioned in the history of the *Firebrand* and *Jason* as affording strong evidence how much the malignity of the fever, if not its actual development, was dependent upon the condition of the ships themselves in respect to ventilation of the decks where the men were berthed, and of the state of the holds. This paper strongly confirmed the views of Dr. Archibald Smith as to the intimate alliance between yellow and typhoid fevers, and showed the necessity of adopting the same sort of preventive measures in both.

Dr. BABINGTON said that we might draw two important conclusions: first, that yellow fever is certainly under certain circumstances contagious, just as typhus is; and, secondly, that although contagious, we must recognise the great importance of sanitary precautions in preventing and arresting it.

Dr. ARCHIBALD SMITH (for many years resident in Peru), in answer to a question of the President on the influence of temperature on yellow fevers, stated that he had noted all the essential symptoms of the disease at an elevation of 11,250 feet, with a temperature in the wet season of 62° within doors, and but little variation day and night. At this temperature the disease lost none of its energy. In 1853 yellow fever appeared simultaneously on both sides of the Andes, and in 1854 assumed its most malignant character as well by the sea-board as on the hill land. It was shown that these epidemics were of one generic nature. The yellow-fever symptoms became modified gradually into the typhous or typhus, in the transit from the Pacific shores to higher and still higher regions of the Andes. In the warmer inland valleys—as, *e. g.*, in the sugar-growing district of Abancay—the fever which, near the snows of the Cordillera, was metamorphosed from the typhus (icterodes of the coast) into a form which in a great measure represented ordinary British typhus, was again reinstated with its most aggravated coast symptoms of yellow fever—such as intense frontal headache, dark sanguineous vomiting or evacuations, subcutaneous hæmorrhage in form of large dark maculæ, nasal hæmorrhage, intense yellow colour of the skin, and the most extreme prostration of vital forces. In the Sierra it was propagated slowly from place to place and from person to person. It was all but incurable in the dark and crowded huts, but yielded readily in a great majority of cases to early treatment under the advantages of pure air and hygiene. Left to itself in the hovels of the Indian poor, it was prodigiously fatal.

Dr. Chowne, and Dr. Pritchall of the Bengal Army, also took part in the discussion.

Reviews and Notices of Books.

On Diphtheria. By EDWARD HEADLAM GREENHOW, M.D., F.R.C.P. London: Parker.

On Diphtheria, &c. By Dr. B. W. SANDERSON. Extracted from the Report of the Medical Officer of the Privy Council. Hansard.

Over Diphtheritis, Hare Geschiedenes, Hare Verloop, Hare Behandeling, &c. Door ERNEST HART. Uit del Engelsch vertaald, door Dr. J. G. VORSTMAN. Rotterdam: P. C. Hoog.

THE many opportunities which Dr. Greenhow and Dr. Sanderson have enjoyed in investigating the outbreaks of diphtheria for the information of the Government Department of Health, and their well-known capabilities for the effective study of epidemic diseases, give considerable interest to the reports which they have made upon this still important subject. Dr. Greenhow has founded upon his inquiries, and upon his private and public experience in practice, the volume which stands first above. Dr. Sanderson has presented his widely extended observations in a capital report, included in that of the medical officer of the Privy Council. The third book is a translation into the Dutch, by Dr. Vorstman, of the Report on Diphtheria which Mr. Ernest Hart prepared for THE LANCET when the epidemic violence of the disease made it an especial object of study for the profession, and which, having been separately republished in this country by Mr. Churchill, has since been several times reproduced on the Continent.

Dr. Greenhow treats his subject with gravity and research. He adopts the historical views of Bretonneau, and adds some interesting details, from Fothergill, Starr, and Huxham, of similar English epidemics in the eighteenth century; and mentions cases which he believes were examples of sporadic diphtheria much anterior to its epidemic outburst. It is, however, in our opinion, impossible to read the accounts of Home, Fothergill, and Huxham, with a proper degree of analytic care, without arriving at the conclusion that, if indeed any truly diphtheritic disease is there described, it is not at all distinguished from the related but quite distinct maladies which were the main object of observation—the gangrenous or putrid sore-throat, and pultaceous pharyngitis. In the report of THE LANCET in 1859 it was contended that the clinical evidence

showed that diphtheria is wholly distinct from scarlet fever, and that it may occur as either forerunner or sequel of that disease, and in a few cases was coincident with it. Dr. Greenhow states that at the outset of his inquiries he was inclined to doubt that opinion, "but careful observation and more ample experience have satisfied me that, notwithstanding their frequent occurrence in the same place and their occasional coincidence in the same individual, diphtheria and scarlet fever are distinct diseases." As to the communicability of the disease, which is so important a feature in its history, both Dr. Greenhow and Dr. Sanderson are able to add a number of interesting facts in confirmation of the opinion that diphtheria is communicable, although less so than scarlet fever or small-pox; since both have seen "many instances where only one member of a family has suffered from the disease, whilst others have had free intercourse with the sick; and no cases have been observed in which there was the slightest reason to conclude that the disease had been conveyed otherwise than by direct transmission to the healthy." Dr. Greenhow has an interesting chapter on the Sequelæ of Diphtheria, of which the paralytic affections are most remarkable. In relation to these there is yet an open field for investigation, whether they are to be referred to direct blood-poisoning of the spinal axis, or to what extent they may be traced to reflected nervous action. The question of contagion also remains to be completely worked out in this country: there is a great deal of negative evidence, but, so far as we can find in the writings of these or any other English authors, no facts to affirm it. As to the indications of treatment, the opinions of all these writers are strongly expressed in favour of the well-known ferro-chloric mixture, strong and carefully-administered nutriment, vinous and alcoholic stimulants, and the local application to the throat of detergent and, conditionally, of caustic solutions.

Veratrum Viride as a Therapeutical Agent. By EPHRAIM CUTTER, A.M., M.D. Cambridge, U.S.

ALTHOUGH still new to the practice of this country, and hitherto little used, the veratrum viride has taken an established place in the American materia medica as being the most effective and reliable arterial sedative known. Its properties have been systematically tested and avouched by upwards of a hundred physicians, amongst whom Dr. Cutter was one of the earliest. The therapeutical properties of veratrum viride have already (Jan. 4th, 1862) been given in this journal; and the present monograph is complete in its references to the literature which in the course of five years has accumulated round the drug. Dr. Cutter is at present in Europe, and seeks to advance here the therapeutical prospects of this remedy. Since the publication of THE LANCET report on veratrum among the series of articles on "New Remedies," it has been procured in a state of great purity from the first American houses, and may now be had for trial by physicians at nearly all large dispensing establishments in London.

Transactions of the Obstetrical Society of London. Vol. III., for the year 1861. 8vo, pp. 480. London.

THERE is no institution devoted to the cultivation of medicine which publishes a volume of "Transactions" of greater practical utility than the Obstetrical Society of London. The present collection of essays seems particularly good, and it reflects much credit upon the officers of the Society for the careful way in which it has been produced. We notice a new feature in the volume which seems likely to be very useful—namely, that along with the papers the various discussions which followed the readings are given in a condensed form, so that the views of the authors are either confirmed or corrected by the observations of men who may justly be regarded as authorities. The number of well-recorded cases is another important feature. The late esteemed president, Dr. Rigby, was frequently in the habit of eulogizing the reported cases of Mauriceau, Lamotte, Giffard, Smellie, and others, asserting that they were of more solid and enduring value than any systematic treatises. Without entirely concurring in this view, we think that well-marked examples of disease, carefully recorded, are certainly very instructive. In those now under consideration we find many suggestions which cannot but prove useful to the practitioner at the bed-side.

In a work by many authors there are of course some remarks to which exception might be taken; but these are few, and certainly all the papers contain more or less useful matter. It is also to be expected that some of the communications should be more valuable than others, for all men have not the same opportunities. But it would be an invidious task to select any for special praise; and we are not called upon to be critical, inasmuch as abstracts of all the essays have appeared in these columns, and our readers have therefore had the opportunity of forming their own opinions.

TYPHOID FEVER PROPAGATED BY CONTAGION.

To the Editor of THE LANCET.

SIR,—Dr. Peacock, in his lecture "On the Recent Epidemic of Fever," published in your journal of the 5th inst., speaking of the manner in which typhoid originates and is propagated, mentions that occasionally (though very rarely) infected persons removed to districts previously free from the disease, propagate it in the situations to which they are removed. In corroboration of this statement I have thought it might be useful to record the experience of an outbreak of typhoid fever which lately occurred in the practices of myself and a neighbouring practitioner, the origin of which was distinctly traced.

P——, a young man, who had been living at a distance, fell ill with typhoid, and was treated for the complaint in an hospital. When convalescing, his parents, wishing to have him near them, removed him from the hospital, and brought him by train to Worcester, thence to his home (a distance of seven miles) by cart. Beside the young man in the vehicle rode a Mrs. C——, who did not know what had been the matter with him. P—— had not been many days at home, when his mother, grandmother, uncle, and, I believe, other members of the family, were attacked with fever, and three of them died.

Mrs. C——, who had ridden with the convalescent in the cart, and who resided at a considerable distance from his parents' house, and had had no farther communication with the family than that already mentioned, was also struck down with the disease about the same time, and only recovered after five months' illness.

From the P——'s the fever spread to the N——'s, in consequence of communication between the two families (relations), and three of them were prostrated for many weeks.

Mrs. W——, living in the neighbourhood of the N——'s, was next attacked, and several members of her family, residing in the house, took the disease from her, and one of them, I believe, carried it to a distant part, and propagated it there.

Mrs. H——, who nursed Mrs. W——, was the next sufferer, and from her, her daughter who attended to her, was infected. Here, as far as I know, the epidemic was arrested in its progress.

Such of these cases as occurred in my practice were distinctly typhoid, and I have no doubt (though of course I cannot speak with certainty) that those attended by my neighbour were of the same nature. I consider, therefore, that the history of this little epidemic, in a country place, (where the houses are widely apart in most instances,) proves to satisfaction that typhoid fever may be imported into a previously healthy locality, and then spread, by contagion, from one member of a family to another, and from house to house.

I am, Sir, your obedient servant,

Martley, Worcester, July, 1862. WM. COOK LOW, M.D.

CHARING-CROSS HOSPITAL.—A few friends of the hospital have engaged to provide for a period of five years the estimated cost of working the children's wards which have recently been established.—To assist the hospital in its efforts to relieve the afflictions of the poor, Mr. Robb, of St. Martin's-lane, has given a donation of £100.

THE LANCET.

LONDON: SATURDAY, JULY 26, 1862.

As experience tests the powers of the Medical Council as a body, and the motives which sway its members as individuals, a radical defect in the constitution of this assembly becomes manifest. It is not in the large sense of the word a representative body. It is a board of delegates formed of nominees of the Crown and of the governing bodies of our medical corporations and universities. The gentlemen deputed by the College of Surgeons of England, the University of London, the Apothecaries' Society, and other corresponding bodies of Scotland and Ireland, simply represent councils and senates, but derive no authority from, and have little or no interchange of thought with, the mass of practitioners whose affairs they are appointed to regulate. The Medical Council, in short, is constituted of absolute, not of representative, wisdom. That its members themselves entertain this view is made clear by their utter disregard of external opinion. Delegates of small governing bodies, to whom alone they are responsible, they conduct their business in secret conclaves like Venetian senates, arriving at conclusions by spontaneous or arbitrary processes, and issuing edicts which those are expected to obey who have no knowledge of the arguments or reasons upon which they are based. Bad as is the organization of the Medical Council, and questionable as are its modes of action, it has from the outset until now received the utmost deference and support from the press. Forbearance has been strained beyond the limits of reasonable indulgence. Restrained by the desire not to embarrass, during the period of probation, a new body charged with important functions, we have been content for these three years to accept the vacillating decisions and incomprehensible—because unexplained—gyrations of the Medical Council, not only without animadversion, but even with generous trustfulness. They might, under difficult circumstances, be doing their best; but the truth is it is a hopeless thing in this country for any body professing to be representative, and being charged with governing powers, to attempt to conduct its deliberations in secret. Failure must follow such attempts, not simply from distrust out of doors, but much more because the governing body to be effective must be in constant intercourse with those whom they are supposed to represent. The members of the governing body must be kept continually informed of the wants and feelings of their constituents; they must be always sensible of the current of public opinion. To know how their own regulations work, how they are esteemed, the freest publicity and the most cordial intercourse with the world outside are necessary. And before regulations are framed, open discussion, the comparison of different opinions, the collection of varied experiences are held to be desirable in order to arrive at conclusions that are entitled to respect, or that are likely to succeed. The lamentable situation into which the Medical Council have fallen is the natural result of their neglect of all these considerations. As in most small irresponsible governing bodies, power has begotten conceit. They have come to believe in their own self-sufficiency. Conscious, no doubt justly, of the integrity of their motives, they have been impatient, perhaps disdainful, of criticism. But this dream of the *dii superiores* cannot be indulged in for ever. They must be awakened to the modest conviction that all knowledge of medical politics, all right of discussing them, and all power of legislation, do not reside in the little conclave of delegates from the governing bodies of medical corporations which themselves do not inspire or deserve unlimited confidence. They must not imagine, because they have chosen, like the gods of ancient mythology, to enthrone themselves on a cloud, that they are to receive nothing but abject petitions from below, and to send down in return arbitrary and unquestioned edicts. As we do not pretend to emulate the example of Mr. GLAISHER; as we have no ambition to penetrate that mysterious cloud which separates the Medical Council from the gaze of the multitude, the Medical Council must condescend to come down to our level. If through that misty medium they cannot be seen, neither can they see. They must meet and deliberate openly like ordinary mortals who are entrusted with very ordinary mundane affairs, which it requires intercourse with the world to understand. When they shall do this, they may, perhaps, recover the position they have lost, and, reinforced by the power of public opinion, be enabled to hold their own against the rebellious aggressions of the London College of Surgeons, and the impudent defiance of the horde of impostors who are constantly strutting in the stolen plumage of legitimate practitioners.

Almost all the weakness of the Medical Council is due to the seclusion of the body. It is not at all improbable that the greater number of its members would be returned were the election in the hands of the mass of the profession instead of in those of the governing bodies. But this consideration merely proves how greatly the efficiency and influence of public men and of public bodies depend upon the largeness and character of their constituencies, and the freedom and openness with which their councils are conducted. Regarding themselves, as in truth they are, the simple delegates of governing bodies, the members of the Medical Council naturally conclude that they have only these governing bodies to consult and to satisfy, and that occult deliberations are the most suitable. Were these same men the chosen representatives of the Colleges and Universities, elected by the suffrages of the members of the profession, we have no doubt that they would act in a broader and more liberal spirit, and would see the propriety and advantage of free intercourse with their constituents, and of conducting their deliberations openly. Had they been in this latter position, the dilemma in which they are now placed by the College of Surgeons could never have oppressed them. For want of free discussion beforehand, being kept aloof by their own exclusive conduct from intelligence of the wants and experiences of the profession in all its grades and ramifications, they have fallen into the grievous dilemma of either tamely seeing their authority bearded, and therefore destroyed, by one of the bodies subjected by law to their control, or of engaging in an undignified controversy in the perhaps vain attempt to vindicate the power committed to them. In vain will they, lacking the support of public opinion, rely upon the words of an Act of Parliament. And of this support they have debarred themselves by their own folly. By excluding the press, by involving themselves in their own self-sufficiency,—which they mistake for virtue,—they have thrown away all chance of independent sympathy and support. As they refuse to understand

the profession, so the profession is unable to understand them. Their motives, their arguments for fixing the commencement of recognised medical education at the entry of a medical student at a medical school, may be good and forcible; but we know nothing of these motives and reasonings, and must needs leave the Medical Council to defend them. The Council of the College of Surgeons come off with the prestige of victory, and with the considerable advantage of seeming to be the champions of the greatest number, and of the most widely extended interests. Their appeal is to the sympathy of the mass of general practitioners throughout the land. They have usage, vested interests, and the testimony of many able men who have risen to eminence under the system, on their side when they contend for the recognition of apprenticeship and of study in a provincial hospital or dispensary as a part of medical education. Thus armed, we fear that the Medical Council must give way. But in giving way they lose their power, not only in this matter, but in others. The entire fabric of the Medical Act, which it has cost so much pains and labour to construct, is sapped at the foundation. That authority which one medical corporation can defy with impunity will be set at nought by other medical corporations, and by the charlatans whose aggressions the Council was appointed to repel. They will perhaps attribute their failure to the defective powers conferred upon them, and seek redress by demanding new powers from the Legislature; but a more just and impartial censure will pronounce that their discomfiture is the result of their own vain attempt to govern on the principle of absolute wisdom and arbitrary authority.

WHATEVER may be the difficulties attendant upon the first carrying out of a general system of registration of births, marriages, and deaths, and howsoever numerous may be the fallacies which lurk in the results deduced from the unsound data of the returning officers, the necessity for such a system is so great, and the removal of such fallacies so plainly within our power, that the general adoption of it throughout the European continent must soon be effected. As regards England, it is now almost a quarter of a century since we carried the theory into practice, and systematically registered the births and deaths, in the face of much absurd opposition, which characterized the measure as centralizing and un-English, and an offshoot of the intermeddling despotism of neighbouring countries. But it is only eight years since we commenced a like system in Scotland, and Ireland is yet without such a provision, though it is now being prepared for her. Hand-in-hand with the adoption and more perfect maturation of this method of general registration we have witnessed the rapid progress of sanitary reform. And if the former was at first unpalatable, and denounced as too inquisitorial, the latter has been frequently and vehemently opposed as at least impertinent, and as occasionally offensive. Nor can we be surprised at this, for in general terms it must be allowed that the mass of the people is careless and unthinking upon such topics, and hence resists with much pertinacity any interference with its immediate easy way of life, though such way may turn out to be a very doleful one at last. This dislike to any sanitary management is common to all, from the little urchin who stands sullenly listening to the nurse's well-known expostulation—"What! cry when I wash you; not love to be clean?"—to that august body of civic dignitaries whose female branches were once represented by the great castigator, *Punch*, as wandering along the vale of Smithfield, and exclaiming, "How delightful the drains smell this morning!" Mr. RUSKIN has not gone beyond the truth when he states that naturally we are surrounded by a population which "resists every effort to lead it into purity of habit "and habitation, to give it genuineness of nourishment and "wholesomeness of air, as a new interference with its liberty, "and insists vociferously on its right to helpless death." Now,

"Every teacher of great truths must reckon upon this sort of opposition. But the wise and hopeful sanitary reformer will not be discouraged. He will not cease to propound and defend —forbearingly, yet unflinchingly—those principles of public action which he believes to be of fundamental importance in sanitary management. Nevertheless, he thankfully accepts from those in power such instalments of a better system as are possible under existing circumstances, and are not incompatible with future progress in a right direction. Cautious and far-sighted, however, he does not hesitate to reject unsafe concessions founded on no sound principle, even though plausible and attractive; for well he knows that they tend to create further impediments to conceal or to protect present abuses, and to strengthen the hands of the obstructive and reactionary."

The above words are those of Mr. RUMSEY of Cheltenham, and came forcibly to our mind when lately considering Dr. HARKIN'S exposition* of what is going to be done for Ireland in the way of registration. Of the necessity for this portion of our country following in the wake of improvement there is happily no longer any doubt with those now in authority. The question is, How shall the system be there carried out so as to ensure the greatest amount of accuracy and care, and what are the special subjects to which it shall be directed? We have in the first place to determine whether the provisions of the English code shall be rigorously adopted, or whether we shall not rather seek to improve upon it in the way so well pointed out by Mr. RUMSEY, and others who have paid special attention to the shortcomings and defects of the original plan. That such defects exist there cannot be the least question, and we have upon more than one occasion noticed some of them in detail. Last session the drafts of two Bills for the Registration of Births, Marriages, and Deaths were laid before the Select Committee; these were withdrawn, to reappear this session, under a somewhat different form, and went into committee upon the 19th of May. This Bill, Dr. HARKIN tells us, has been hurried through its early stages, in direct opposition to the almost unanimous protest of the Irish members; and if the fate of it depend upon their suffrages, its failure may be predicted. Both present and former propositions, however much they may differ as regards certain principles and details, agree upon the indispensable necessity of *medical certificates of the causes of death*. Upon the importance of these there is happily no question, but as to who is to collect and register such certificates there is a great controversy. As Dr. HARKIN very properly observes, a person of ordinary capacity and reasoning powers would at once decide that he who is alone competent to supply the certificate of the cause of death should be the most competent to copy it, and to register the facts for himself and fellows in the scientific phraseology in which it must be necessarily couched. But no! Lord NAAS and Sir ROBERT PEEL oppose such a common-sense view of the matter: a *constable*, they imply, can best apprehend the nature of the duty. We are

* On the Registration of Births, Deaths, and Diseases. Being a Paper read before the National Association for the Promotion of Social Science, with Notes and Addenda, by Alexander Harkin, M.D., Belfast.

told (Dr. HARKIN, *op. cit.* p. 6) that the chief reason for employing the police in this scientific enumeration lies in their presumed correctness in taking the decennial census, and in the ability exhibited in the collection of agricultural returns and the amount of live stock in the farmer's yard! *Risum teneatis!* What the value of registration returns so collected would turn out to be we can form a fair notion by referring to the evidence of Dr. CORRIGAN before a committee of the House of Commons last year, in which his opinion is given as to the character of the returns of diseases obtained by the Census Commissioners. This good authority informs us that there was not one person returned upon the night of the 31st of March, 1851, in all Ireland, as labouring under St. Vitus' dance; only four were stated to be suffering from delirium tremens, sixteen from nervous diseases, fourteen from bronchitis, sixteen from teething, sixty from haemorrhoids, ninety-two from dyspepsia, two from diabetes, and only four from scalds! Might we not indeed say, "Happy Ireland!" But, alas! we know that more than two thousand were returned that same night as being inmates of the workhouse hospitals. It further appeared from the returns of these wise men of Goshen that not a single person had died from syphilis in Dublin during the last ten years, whilst in *perfide Albion* the Registrar-General had returned nearly three thousand deaths from congenital syphilis within the space of seven years. Whatever may be the assumed simplicity and inexpensive nature of this employment of constabulary in the discharge of registration duties, its absurdity is manifest. It would not, indeed, as Dr. HARKIN observes, "require much consideration to discover that the provisions of "the proposed Bill are such as to condemn it at once as inefficient for the purpose of a scientific registration; and that in "appointing the police force to carry it into effect the promoter "of the Bill has selected his instruments from that class most "opposed to the feelings and instincts of the Irish people."

The Belfast sanitary reformer, feeling that by this plan of Sir ROBERT PEEL there will be engrafted upon Ireland a registration system incapable of improvement, stunted as it must necessarily be by the limited capacities of the instruments chosen to carry out some of its most important provisions, has opportunely come forward with a commentary upon the subject, which we would force upon the attention of those immediately engaged in this important question of Irish reform.

In another column will be found a copy of a very important petition presented to the House of Commons by Sir HUGH CAIRNS in relation to the third clause of the Lunacy Regulation Bill, which sought to exclude all medical opinions in future lunacy inquiries. The part of the clause which was so obnoxious, and which Mr. MONTAGUE SMITH was enabled to remove, notwithstanding the opposition of the Government, was as follows: "Nor shall the opinion of any medical practitioner be admissible as evidence of the insanity of such person." It is difficult to conceive how such a clause could have been framed—a clause which implies that the opinions of trained professional men are more worthless than those of butchers and bakers. We have to thank the House of Commons for thus coming to the rescue of the medical profession; and we especially thank Sir HUGH CAIRNS and Mr. MONTAGUE SMITH for their advocacy of its rights; neither must we omit to mention the fact that it is mainly to the exertions of Dr. FORBES WINSLOW that we are indebted for organizing the happily successful resistance to a most damaging blow aimed at the character of medical men, he having been in communication with the leading members of the House of Commons in relation to the Bill, pointing out to them the serious stigma the clause would cast upon the profession, and also the frightful miscarriage of justice which would result in future lunacy inquiries if such a clause were allowed to remain intact in the Bill.

Medical Annotations.

"Ne quid nimis."

THE COLLEGE SPOONS.

THE Council of the College of Surgeons, in anticipation of the presence of a number of country members in town, have for the first time resolved to go to the length of expending a certain proportion of their funds, and a part of their very small stock of official courtesy, in favour of those gentlemen. The imperial stiffness of the late President, Mr. Cæsar Hawkins, will, fortunately, not be submitted to the heavy ordeal of bending in recognition of the presence of so many of the plebeian members of the corporation; and, considering the character of his recent display at the Fellows' dinner, it will be granted that his amenities are more suited for the select audience of the Council-chamber than for larger or more critical assemblies. The members of the College have not as yet, however, cause to feel overwhelmed by the courtesies of their inviters. There may be a new code by which the Council profess secretly to regulate their conduct. They may have reasons for making even an invitation assume the least courteous and agreeable form. But if the reception be not warmer and more polite than the manner of invitation, the guests will have no reason to be delighted or flattered with the attention accorded to them. Are invitations to the quarterly and half-yearly dinners issued by advertisements? Do the Examiners receive their banqueting notes through the cheap and unceremonious medium of the public press? Are the Committees summoned to dinner by public printed notice addressed to all whom it may concern? The Council have followed a very singular course in omitting the usual form of addressing a card of invitation to each of their guests. It is one which, so far as we know, has never been disregarded by public or private persons who desire to assemble their friends on such an occasion. We have no objection to the economical expedient of a general advertisement if the Council will employ it systematically, and will announce in the same way their frequent arrangements to dine together at those more luxurious banquets to which the Fellows and Members are not invited. Meantime we apprehend that at the present *soirés* members will be expected to bring their diplomas for the purpose of identification at the doors, otherwise a very motley crowd will have facilities for assembling, and the College, like the medical student of Pickwickian fame, will do well to celebrate the advent of its guests by locking up its teaspoons.

OVERWORK.

THE infliction of excessively long hours of labour on the engine-drivers and firemen of many of the railways was established as an apparent grievance to the men, and a palpable cause of danger to the public, by the investigations of THE LANCET Commission on the Influence of Railway Travelling upon Public Health. By the inquiries instituted by that Commission, and from statements made at the private meeting which it summoned of railway servants, it was found that those hours were

substantially beyond the endurance of ordinary constitutions, and that both the men and the public suffered in consequence. Since the publication of these reports some of the railway companies have made important and beneficial concessions to their officials; but there still remain so many which maintain the system in some of its worst features, that the services of Mr. Cobbett in obtaining parliamentary condemnation of the evil which we exposed will be very valuable. On Monday he called attention to the subject in the House of Commons, and showed that there are still seven railways, including the Great Western, and the Lancashire and Yorkshire, on which the men are worked for an average of from 14 to 16¼ hours out of the 24. In some instances men had worked 26 and 28 hours consecutively. He stated truly that he could prove instances before a committee in which men have been at work for no less than 56 hours in three days, and of men working for 19¾ hours out of the 24, with only an interval of 2¼ hours for rest. These cases were elucidated and brought out in the report,* and are only a few of many which might have been quoted. Mr. Milner Gibson was evidently very incorrectly informed. Next session, if there be any necessity for a renewal of Mr. Cobbett's motion, more accurate information will be expected from the President of the Board of Trade.

IMPROVEMENT OF THE DWELLINGS OF THE LABOURING CLASSES.

WE have on several occasions directed the attention of our readers to a subject which is every day engaging more and more the thoughts and active sympathy of the most enlightened philanthropists in foreign countries as well as in our own—we mean the improvement of the dwellings of the labouring classes. All persons now acknowledge its importance as one of the chief agencies in effecting the social amelioration and progress of communities, but none can know its great and pre-eminent value so thoroughly as they who have daily to deal with and minister to the poor in their sickness and suffering. Happily, too, for the sake of the good cause, none have taken a more earnest and decided interest in promoting and making known its manifold benefits than the members of the medical profession. They have ever been among the foremost to further this and every other kindred measure for the preservation of the public health and the welfare of the humbler classes in all possible ways, by their advice, their co-operation, their time, and by their money too. It would seem as if they were at length resolved fully to realise and give effect to the aspiration of Lord Bacon in that magnificent passage where, alluding to the great social benefits which medicine might achieve, he says,—

"And this, we hope, might redound to a general good, if physicians would but exert themselves, and raise their minds above the sordid considerations of cure; not deriving their honour from the necessities of mankind, but becoming ministers of the Divine power and goodness, both in prolonging and restoring the life of man, especially as this may be effected by safe, commodious, and not illiberal means, though hitherto unattempted. And certainly it would be an earnest of Divine favour if, whilst we are journeying to the land of promise, our garments—those frail bodies of ours—were not greatly to wear out in the wilderness of this world."

For the attainment of this much-to-be-desired object among our people, no means are certainly so promising as the finding them decent and wholesome homes, that prime and principal requisite for healthy existence; and if "health is," as Samuel Johnson says, "the basis of all social virtues," truly too much stress cannot be laid on the subject we are at present noticing.

At the recent meeting of the Association for the Promotion of Social Science in the metropolis, it was discussed in more than one of the sections, and under its different aspects. Among the papers read was one by Dr. Greenhill on the "Establishment and Management of Cottage-improvement Societies," and as this has been printed in a separate form, the opportunity is afforded us of ascertaining at once the views of this able physician, who has, it is well known, been so successful in solving the all-important problem of making the scheme profitable and remunerative to the proprietary, as well as most useful and beneficent to the tenantry. His advice and suggestions are marked throughout by great shrewdness and practical good sense, as well as by a kindly feeling towards the poor. Commence in a small and moderate way by the purchase of old houses that require improvement, but are nevertheless inhabited, so that there may be a dividend payable from the very first year—keep down all the preliminary expenses to the utmost, by avoiding the employment of architects and lawyers (especially the latter) except when absolutely necessary, all extravagant follies in printing, advertising, and the like—manage the affairs of the society without hiring special officers or paid clerks for the purpose; and exercise a frequent personal visitation and supervision of your property, so that you see that your collector does his duty in the due receiving of the rents, while the reasonable demands and complaints of the tenants are at once made known,—these are the main points to be attended to by the directors of Cottage-improvement Societies. In the carrying out of such schemes, the co-operation of the other sex is much to be desired. Educated women may do much—much more than they have yet done—in effecting the improvement of the homes of the poor, if they would make themselves better acquainted with the condition of the existing dwellings, and the needed alterations to render them more wholesome and decent. It is for this reason that we wish well to the Ladies' Sanitary Association, which cannot fail to be extremely useful if its fair members apply themselves in earnest to the work which they profess to aim at. Their selection of subjects for the lectures which have been recently delivered before their Society was certainly most judicious, viz.:—"Healthy Homes;" "Schools as they are and as they ought to be;" "District Visiting in Connexion with Cottage-improvement Societies," and "Sanitary Defects in Villages;" the lecturers being Dr. Milroy, Mr. Chadwick, Dr. Greenhill, and Mr. Rawlinson, C.E.

A CHALLENGE TO THE CHARITABLE.

THE arrangements for establishing a new hospital for the county of Surrey are making satisfactory progress. The propriety of proceeding with the building forthwith, advised in our previous notice, has since found powerful advocacy, as the venerable nobleman who gives the site has further stipulated that the first stone shall be laid by November. The desire to see such a building completed, and actively doing its good work, is a noble ambition worthy of one, like Lord Onslow, whose life is fully ripe with honour and "the things that should accompany old age."

In a rich district like Surrey,—probably returning more to the Income-tax than any other single county,—there can be no difficulty in obtaining contributions towards a county hospital if the appeals be properly managed. Nor is there any need to obtain money on that objectionable system of charitable usury so much employed now-a-days. It is, in truth, almost incredible how small a residue finds its way into the treasuries of certain charities after the cost of appeals and advertisements and the collector's heavy per-centage have been deducted.

We believe this system has been so much overworked that really charitable people are often shy of affixing their names to large contributions; such are the showers of appeals, of claims on sympathy and purse, and of calls from collectors which follow—entreating assistance for other institutions, and working the charitable suction-pump in every conceivable way. We believe it is far better to state simply what is wanted and why it is wanted, without all the pretty writing and piling up of the agony which has lately become the fashion, especially among

* The Influence of Railway Travelling on Public Health, p. 10 *et seq.* Reprinted from THE LANCET. London: Hardwicke.

Special-hospital folks. But the best plan of all for really obtaining contributions is to show some practical proof of faith in the merits of the charity—especially that evidence which bank-notes afford. A liberal benefactor has enabled the committee of the new Surrey hospital to furnish this *argumentum ad hominem*. He offers £400 if eight others will give £200 a piece, or £500 if five others will contribute an equal sum, or £1000 if two others will supply a like amount, or £1000 unconditionally if the two first lists are filled up. It were a shame to the wealthy inhabitants of a county so thickly studded with costly residences of rich city folk, if this challenge were not taken up.

It is important that due prominence should be given to the fact that this is to be a county hospital—not a mere local charity of the town of Guildford. So important is this, that we doubt whether the proposition to erect it as a memorial hospital, perpetuating the memory of Albert the Good, be well advised. It should certainly not be acted on without previously obtaining the direct sanction of those to whose slightest wish it is a paramount duty to defer.

THE VICE OF CITIES.

WE regard with satisfaction the rapid progress of a movement to which we have given a vital impulse. The suppression of the infamous trading in prostitution, which made one quarter in London a Gehenna of vice, is a measure which we have urged as essential to public health, and due to the first principles of morality and sound statesmanship. This action of the police authorities has long been delayed by an uncertainty of the existing powers of the law, and an insuperable objection to new legislation on so intricate a subject. These difficulties have now been removed, and it is obvious that the most ample powers exist for repressing open and infamous trade in vice, which is probably nearly all that legislation can attain in the matter. It is not the business of the officers of the law to track immorality to its concealed haunts, or to make men continent by Act of Parliament; but it is right that the decency of the masses should not be insulted, and that the inducements to a course of vice which saps the strength and destroys the character of our youth should not be paraded with licensed effrontery. The question of early marriages, which so deeply affects the present and future welfare of this country, has no indirect alliance with that of the toleration of the open traffic in prostitution until now established in the most crowded quarter of London. The suppression of the "gilded *salons*" of vicious resort is a proper preliminary to what will, we hope, be an extended and systematic restriction of this source of evil. Something will be gained when vice is no longer permitted to rear its head in a full blaze of light, and with the sound of music and the trappings of luxury publicly to solicit spectators, who may at any moment be converted into associates. Public health will benefit, and morality will be less openly defied. But it is very desirable that this foray should not be a partial and spasmodic effort, confined to one locality and one class of houses. That quarter still abounds in all that can make night hideous; and when this stable is cleansed, other fields invite attack.

ANONYMI.

PROOFS that a great crime is habitually perpetrated in this city with impunity are not unfrequently laid before medical men in active practice. Occasionally a corner is lifted of the curtain which hides these shameful doings from the sight. The bearing of this statement will be quickly apprehended by reference to the proceedings of the criminal Police Court of Westminster this week, where a female, named Fanny Morley, aged thirty-two, of prepossessing appearance, and said to be very respectably connected, was charged with allowing a person to use an instrument to procure abortion. Mr. Potts, an inspector of the B division, said that he had framed the charge against the prisoner upon her own confession at a time when she believed herself to be dying. Every endeavour had been made to apprehend the person—a quack doctor—who had used the instrument, but he had absconded. Evidence was given, showing that the prisoner, who appeared in a weak state, had been very ill ever since the occurrence. She was remanded.

It would be a great satisfaction to bring this crime home to the perpetrator. There are a number of criminal quacks who secretly undertake operations of this nefarious order; and if the Medical Council were worth anything, or the Registration Associations had been generally supported, these rascals would not now escape with so much impunity. Those who seek their services ought not to go unpunished. Medical men are often insulted by overtures of this kind, and a few examples amongst the clients of these persons would produce a salutary effect.

THE

GREAT INTERNATIONAL EXHIBITION.

XI.

CHEMICAL AND PHARMACEUTICAL PRODUCTS.

BESIDES the evidences to which we have referred of advanced knowledge and skill which the pharmaceutical products in the British department of the Exhibition afford, there are other indications of progression which may be observed in the characters of some of the preparations exhibited. It cannot be said that any great discoveries have recently been made in pharmacy; but there is evidence of the working of intelligent minds in devising new forms and new processes for the production of established forms of medicine. It is to the educated and skilled pharmaceutists that medical men must look for important improvements in these respects, and the power of aiding the medical practitioner in accomplishing what he desires to effect through the agency of medicine, is one of the principal advantages resulting from systematic study and practical instruction, such as are now provided for pharmaceutical students. It must be admitted, however, that in the attempt very naturally made to turn scientific and practical experience to account, the results are not always quite satisfactory. A chemist suggests some new form of medicine, or perhaps a medical man has suggested and the chemist has produced a preparation which is thought to present some advantages over those previously in use, and the chemist is anxious to reap as much benefit as he can from the result of his ingenuity or contrivance. In some instances he publishes the process for the new preparation, trusting for his reward to the credit or notoriety he may acquire by so doing. In other instances he endeavours to keep the process to himself, and perhaps adopts a name for the preparation which either imperfectly represents its composition, or, as sometimes occurs, is wholly inapplicable. Hence a great number of new preparations are offered to the notice of the medical profession and the public; and although there may be amongst them some valuable remedies, yet there are unfortunately not a few that are of questionable utility, and some that are decidedly objectionable. Free scope must, of course, be allowed for testing the efficacy of new remedies, which are necessarily put through a probationary course before being approved by the highest medical authorities, or admitted into the pharmacopœias; but the composition of all such medicines should be clearly defined, openly expressed, and as far as possible represented by the names applied to them. Even with these conditions, it is desirable to limit the number of such proposed remedies, for their multiplicity is a source of embarrassment alike to prescribers and dispensers. We should be glad to see the rising generation of well-educated pharmaceutists directing their attention and applying their skill and ingenuity to the simplification and improvement of processes for the preparation of established remedies, and the elucidation of the nature and

composition of such as are involved in obscurity, instead of adding to the number of ill-defined and indefinable products, the use of which is calculated to promote empiricism in the treatment of disease.

As a preparation to which objection may be taken, both as an unnecessary combination and as one subject to variation, we referred in a former notice (THE LANCET, June 14th, p. 644) to "cod-liver oil with quinine," of which, as we stated, specimens are exhibited by Messrs. Savory and Moore and Mr. Bastick. The latter gentleman has since replied to our criticism, stating that our comments were destitute of foundation as regards his combination of "cod-liver oil with quinine," and that our assertion that "in making it the oil is heated in contact with the quinine, by which treatment the quality of the oil is injured and that of the quinine is not improved," is a purely gratuitous assumption, as he (Mr. Bastick) does not employ heat; and, moreover, that a moderate heat will neither injure the oil nor damage the quinine. Now we beg to observe that our comments did not refer to Mr. Bastick's preparation in particular, but to the specimens exhibited by him and others. In stating that in its production "the oil is heated in contact with the quinine," we described what we believe is the usual practice in its preparation, and we certainly were not aware that Mr. Bastick effects the combination without heat. In his original communication on the subject, made to the Medical Society of London in 1855, Mr. Bastick directed that the solution should be made by adding anhydrous quinine, in fine powder, to the oil contained in a suitable vessel, and applying the heat of a water bath until a clear solution is formed. Has Mr. Bastick communicated any other method of effecting the solution? In 1856, when Mr. Horsley patented the combination of cod-liver oil with quinine and other substances, which he also proposed to effect by the application of heat, Mr. Bastick claimed the prior discovery of these combinations; but in his communication to the *Pharmaceutical Journal* on this subject, he says nothing about the omission of heat in the process. An improvement on the original process was proposed by Messrs. Lyman and Co. of Montreal, which consisted in dissolving the quinine in strong alcohol, adding the solution to the oil, and applying the heat of a water bath until the alcohol is evaporated. By this means, they say, a clear solution is obtained, free from the strong flavour imparted to the oil by the ordinary process. This method of operating has been very generally adopted, and is certainly an improvement upon that originally proposed; but heat is still employed, and the oil still suffers deterioration. Ether has been substituted for alcohol with questionable advantage, but here again heat has been usually applied; and after trying all the methods indicated, and examining many samples of the preparation made in different ways by different operators, we have found the products to be uncertain and very variable. Even Mr. Bastick's preparation in the Exhibition is undergoing a rapid change, for it is now of the colour of dark sherry; and of the three samples which are exhibited in different collections, two are depositing the quinine, and all are undergoing a change of colour; so that these preparations, as we stated in our previous notice, are indefinite and variable in composition. The difficulty of determining the proportion of quinine present in the oil constitutes one of the objections which may be urged against this combination.

But there are other preparations amongst the pharmaceutical products exhibited to which more serious objections attach than those hitherto noticed, and yet some of these would probably admit, with little alteration, of being made not only unobjectionable, but even valuable medicines. The granulated effervescing preparations, many of which Messrs. Savory and Moore have introduced with so much skill and success, are very elegant and agreeable preparations, but they belong to the class of indefinite and variable compounds, and the names applied to them in some instances imperfectly express their chemical character. A large number of preparations called "liquors" are exhibited, many of which are made by processes which have not been published, and which ought not, we think, in the absence of such publication, to be sanctioned by the medical profession. There are some very elegant preparations of this sort in Mr. Bastick's collection, including liquor lobeliæ, liquor colchici, liquor belladonnæ, &c., which are colourless liquids, said to contain the active principles of the several medicines specified. These preparations have much to recommend them, but they are open to the objection of their being prepared by processes which are not made public. The real nature and composition of these liquors are known only to the manufacturer.

Next to Mr. Bastick's collection is that of Mr. Dickinson, which consists of a series of preparations in which glycerine is used as a solvent and preservative agent. These preparations are called Glycerides. There are twenty-four exhibited, and some of them appear to be elegant, and will probably be found to be useful, preparations.

Of concentrated infusions and decoctions there are several exhibitors, but the largest collection of such preparations is that of Messrs. Curtis and Co. These have evidently been carefully and skilfully prepared, and are very good of their sort. There is, however, an objection to the substitution of infusions and decoctions made with these essences for those prepared according to the instructions of the Pharmacopœia.

ST. THOMAS'S HOSPITAL.

DURING the last fortnight, the remainder of the patients (between seventy and eighty in number) in St. Thomas's Hospital have been distributed in the wards of Guy's and St. Bartholomew's Hospitals. This number may seem small, but for some weeks past no new cases have been admitted, and the discharges have been about seventy per week, thus reducing the in patients to the number mentioned. The packing and removal of the hospital furniture, the library, and the contents of the large museum have been gradually accomplished, and by noon of this day (Saturday) nothing will remain that can be called the property of the institution. On visiting the hospital on the 23rd inst., nearly a hundred loads were being removed by Taylor's immense vans, and now the entire building may be said to be dismantled; the old materials and surplus stores, which had been accumulating in the cellars for years, and of no value whatever to the hospital, having been sold by auction, and realizing large prices.

At the Surrey Gardens matters are progressing with great rapidity. There are nearly five hundred men at work, and no time is being lost in fitting up and preparing the large Music Hall for at least two hundred and fifty patients. Indeed, there is ample space for three hundred beds, with a large number of cubic feet to each patient. The ground floor will be chiefly devoted to a large accident ward, with operating theatre and other conveniences; the first floor, with a division running down the centre, will afford accommodation to medical and surgical patients; whilst the second-floor, which is remarkably lofty, will be appropriated exclusively to female patients. On both these floors, equally with the ground-floor, will be arranged operating theatres, and proper rooms for the nurses and servants. North of the building devoted to the in-patient is a single-story edifice, forming the dispensing department; and another contains divisions for the out-patients. This latter department will be very complete, and every preparation is being made so as to offer no restriction in point of numbers. Near this are the dormitory and other rooms for the Nightingale nurses, for the comfort and convenience of whom all necessary arrangements are being effected.

In another part of the Gardens is a large building set apart for the purposes of a library and museum. The fittings for

these have all been removed, and by placing the rows of shelves back to back on each side of the windows a considerable amount of space will be gained. Near this are to be the school rooms, dissecting-room, and other compartments, which it is expected will be built and completed for occupation and use before the 1st of October. With regard to the school, we may observe, that a memorial to the Governors has been sent in, signed by sixty-one pupils, requesting that the school may be carried on at the Gardens, and that they may not be separated from the staff of the hospital.

The noise and bustle of the place, together with the general confusion, strongly remind one of the scene at the International Exhibition before it was completed. It is, however, confidently expected, that if the work be not retarded the wards will be ready for the reception of patients in about five weeks from this date.

The Manor House has been adopted as the dwelling of the resident medical officer, and close by is another building which is to be occupied by the matron.

The effects of the removal of St. Thomas's Hospital are already being felt at the sister institution of Guy's, where there is a large demand for admissions, which cannot be met, as every available bed is filled. The medical officers of the hospital are also considerably overworked by the large additional duty thus thrown upon them.

ROYAL MEDICAL COLLEGE.

THE "FOUNDER'S DAY."

THE annual celebration of the "Founder's Day" of this institution was held on Thursday, the 17th inst. The proceedings were of the most satisfactory character, and served, if possible, to increase the desire of the friends of the College to promote its prosperity.

The proceedings commenced, as usual, with divine service, after which the scholars dined, and were addressed by the Rev. Archdeacon Robinson; and on his proposing "The health of the Founder," they honoured the toast with three-times-three loud and hearty cheers.

Mr. Propert, in acknowledgment, spoke most kindly and encouragingly to the scholars, and trusted they would carry with them the stamp of the Royal Medical College through life.

The school-room was then the scene of the proceedings. The speeches of the scholars were delivered so as to elicit the admiration of the company. The prizes for proficiency and good conduct, consisting of books of high class and handsome binding, were then distributed by the Bishop of Oxford, who in the most encouraging terms complimented the successful candidates. He expressed the high satisfaction he felt in his connexion with the College, and assured the pupils that no amount of ability would secure success without perseverance, and instanced the conduct of Mr. Propert as a striking example of that truth. God had given him not only the heart to conceive, but the will to carry his project into effect—the provision of a home for his less fortunate professional brethren, and the means of procuring for their children an education which would place them in the most honourable positions in English society.

Mr. Propert tendered his thanks to the Earl and Lady Manvers, which were gracefully acknowledged. He also paid a just tribute to Lord Chelmsford, the President of the College, who, he lamented to say, was prevented joining them by a domestic calamity.

A handsome cold collation was prepared for the visitors; after which the health of "The Queen and the Royal Family" was drunk. Her Majesty had graciously permitted the new wing of the College to be called the "Albert Wing."

On proposing "The Church," Mr. Propert acknowledged the assistance he had received from his Grace the Archbishop down to the humblest curate.

The Bishop of Oxford, in reply, proposed "The Founder's" health, which was drunk with three times three, led by Col. O'Halloran.

The Founder of the College then thanked the assembly most sincerely for the good feeling they had exhibited towards him, and assured them that his efforts should never flag so long as he had strength to work for the benefit of the College. He thanked the Head Master for his excellent management of the school; and referred to the Earl Manvers, who was one of the earliest promoters of the institution.

The Ven. Archdeacon Robinson gave the health of the "Rev. Dr. Thornton, the Head Master," and complimented him on the successful results of his mode of training and good management, and the character, the tone, the social and moral bearing of the pupils.

The Rev. the Head Master, in acknowledgment, described the system by which the school was conducted, and spoke in the highest terms of the valuable aid he had received from the other masters.

The health of "The Residents of the College" was then given by Mr. Propert, and acknowledged by Mr. Trash.

After some other toasts had been drunk, the visitors retired and promenaded the beautiful grounds, while the more juvenile portion repaired to the new school-room, where dancing was for some time kept up with great spirit.

During the day the pupils, under the superintendence of Serjeant Gough, went through their martial exercises in the grounds, the band being formed entirely from amongst themselves.

On the whole the Founder must have been highly gratified with the day, and the anniversary may be considered as one of the most auspicious occasions connected with the history of the institution.

THE LUNACY REGULATION BILL.

COPY OF A PETITION PRESENTED BY SIR HUGH M'CHALMONT CAIRNS, Q.C., M.P., TO THE HOUSE OF COMMONS, IN OPPOSITION TO THE THIRD CLAUSE OF THE LUNACY REGULATION BILL.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The Petition of the undersigned President, Fellows, and Members of the Royal College of Physicians of London, and President, Fellows, and Members of the Royal College of Surgeons of England,

Humbly sheweth,—That your petitioners humbly represent that in Clause 3rd of the Lunacy Regulation Bill, now under the consideration of your honourable House, it is proposed that in all future commissions of lunacy in the nature of a writ *De Lunatico Inquirendo* the medical witnesses who have examined the person alleged to be of unsound mind will only be permitted to state in evidence what they themselves have observed in relation to the appearance, conduct, and conversation of the person whose state of mind is the subject of judicial inquiry, and will be rigidly excluded from giving expression to any opinion formed by them from a consideration of the phenomena, mental and physical, they have noticed during their examination of the alleged lunatic, and to which upon oath they will be called upon to depose.

That your petitioners respectfully call the attention of your honourable House to the serious stigma this clause casts upon the members of the learned profession of Medicine, inasmuch as it expresses a total want of confidence in any conclusions that may be drawn by skilled and scientific medical witnesses from an examination of particular physical and mental states alleged to be symptoms of soundness or unsoundness of mind.

That the said clause reduces the scientific to the standard of a non-professional witness, and will tend, if it be passed in its present form, to greatly depreciate in general estimation the value of all medical experience and scientific research in relation to the treatment of insanity and the study of mental pathology.

That your petitioners respectfully suggest that if a skilled medical witness is to be declared by Statute incompetent to give before a court of justice an oral opinion as to the sanity of a person whose soundness of mind and capacity to manage himself and property are matters of question and inquiry, and whom he has himself seen and examined, he should be considered incapable of making an affidavit in which an opinion is expressed in support of an application to the Court of Chancery for the issue of a commission of lunacy, and at the same time be held incompetent to sign, as at present authorized by Act of Parliament the certificate of lunacy required by the Statute preparatory to placing an insane person under legal medical care and treatment.

That your petitioners consider that the restriction placed by this clause to the expression of any opinion which the medical witness may have formed from an examination of the person alleged to be insane will necessarily throw upon the court and jury the serious responsibility of deciding the existence of insanity in subtle and doubtful conditions of the intellect, in the

absence of that special knowledge and apart from that practical experience which in so many cases are absolutely essential to the right elucidation of morbid mental phenomena.

Your petitioners therefore pray that your honourable House will, with the view to the successful administration of justice, when in committee, so modify the third clause of the Lunacy Regulation Bill as to render admissible, in all cases of inquiry before a master or judge of any superior court of law, the opinion of the scientific professional witness based upon facts observed by himself as to the mental soundness or unsoundness of any person whom he has seen and examined, and whose sanity of mind is the subject of judicial investigation.

And your petitioners will ever pray.

THOS. WATSON, M.D., President of the Royal College of Physicians, London.
JOSEPH HENRY GREEN, D.C.L., F.R.S., President of the Medical Council.
GEO. BURROWS, M.D., F.R.S., Member of the General Medical Council.
T. MAYO, M.D., F.R.S.
H. H. SOUTHEY, M.D., F.R.S., D.C.L.
B. G. BABINGTON, M.D., F.R.S., President of the Royal Medical and Chirurgical Society.
J. COPLAND, M.D., F.R.S., Senior Censor of the Royal College of Physicians, and President of the Pathological Society.
J. R. MARTIN, F.R.S., Physician to the Secretary of State for India in Council.
A. B. GARROD, M.D., F.R.S., Physician to University College Hospital.
J. PAGET, V.P.R.S., Surgeon to St. Bartholomew's Hosp.
C. J. B. WILLIAMS, M.D., F.R.S.
C. B. RADCLIFFE, M.D., Physician to the Westminster Hospital.
C. H. HAWKINS, F.R.S., President of the Royal College of Surgeons of England.
J. WEBSTER, M.D., F.R.S.
W. FERGUSSON, F.R.S., Professor of Surgery in King's College.
W. LAWRENCE, F.R.S., &c., Serjeant-Surgeon to the Queen, and Surgeon to St. Bartholomew's Hospital.
G. JOHNSON, M.D., F.R.C.P., Physician to King's College Hospital.
S. J. GOODFELLOW, M.D., F.R.C.P., Physician to the Middlesex Hospital.
J. ALDERSON, M.D., F.R.S., Treasurer to the Royal College of Physicians.
P. HEWETT, Surgeon to St. George's Hospital.
R. DRUITT, M.R.C.P., Vice-President of the Obstetrical Society, and Medical Officer of Health to St. George's, Hanover-square.
H. W. FULLER, M.D., F.R.C.P., Physician to St. George's Hospital.
E. H. SIEVEKING, M.D., F.R.C.P., Physician to St. Mary's Hospital.
B. W. RICHARDSON, M.A., M.D., Senior Physician to the Royal Infirmary for Diseases of the Chest.
A. SHAW, Surgeon to the Middlesex Hospital.
R. QUAIN, M.D., Physician to the Hospital for Diseases of the Chest.
G. HARLEY, M.D., Professor of Medical Jurisprudence in University College, London.
F. SIBSON, M.D., F.R.S., F.R.C.P., Physician to St. Mary's Hospital, President of the Medical Society.
W. T. SMITH, M.D., F.R.C.P., Physician-Accoucheur to St. Mary's Hospital, President of the Obstetrical Society of London, Examiner in Midwifery in the University of London, &c.
A. S. TAYLOR, F.R.S., Professor of Medical Jurisprudence, &c., in Guy's Hospital.
T. B. CURLING, F.R.S., Surgeon to the London Hospital.
W. BRINTON, M.D., Physician to St. Thomas's Hospital.
W. W. GULL, F.R.C.P., Physician to Guy's Hospital.
F. C. SKEY, F.R.S., Surgeon to St. Bartholomew's Hospital.
A. BILLING, M.D., F.R.S.
R. FERGUSON, M.D., Physician and Accoucheur to the Queen.
E. J. SEYMOUR, M.D., F.R.S.
G. O. REES, M.D., F.R.S., F.R.C.P., Physician to Guy's Hospital.
W. COULSON, Surgeon to St. Mary's Hospital.
W. H. WALSHE, M.D., late Professor of Medicine in University College.

Correspondence.

"Audi alteram partem."

MR. SYME'S LATE CASE OF ILIAC ANEURISM.

MR. SYME presents his compliments to the Editor of THE LANCET, and will feel obliged by insertion of the accompanying letter, with reference to that of Dr. Borthwick in the same journal of Saturday last.

Rutland-street, Edinburgh, July, 1862.

Edinburgh, July 20th, 1862.

SIR,—I was four days in the Dumfries Infirmary, and left it because the doctors told me that an operation could not be performed without the prospect of almost certain death.

Dr. Scott told me that if I had come sooner they might have done something for me, but that the risk was so great that, unless I wished, they would not do it.

Dr. Borthwick told my wife that they were almost sure I would die if the operation was performed.

To Professor Syme. ROBERT LATTIMER.

CONSULTATIONS WITH HOMŒOPATHS.

To the Editor of THE LANCET.

SIR,—I cannot now accept the challenge of Dr. W. Roberts, simply because the whole matter is placed in the hands of my solicitor. In the meantime I beg to observe, that I have never refused to give an explanation when asked for personally, or by letter properly addressed to myself, and which has always been deemed satisfactory.

I am, Sir, yours respectfully,

Piccadilly, Manchester, July, 1862. CHAS. CLAY, M.D.

THE MEDICAL ACT.

To the Editor of THE LANCET.

SIR,—As there appear to be many opinions on the subject of so framing the 40th clause of the Medical Act as to defeat the pretensions of the unqualified practitioners, I would venture to suggest the addition of two words to the present section. Thus, in the fourth line it should read, "implying that he is registered under this Act *as such*."

This, I think, would go far to meet the case, for the judges have hitherto decided that if a person be registered, he cannot be punished for the assumption of any title whatsoever. Now the slight addition I have mentioned would bring him within the law for assuming a title for which he is *not* registered, and to which he is not entitled.

I remain, Sir, yours obediently,

Cheltenham, July, 1862. M.D. (Registered.)

THE CORONERSHIP OF WEST MIDDLESEX AND DR. MUSHET.

To the Editor of THE LANCET.

DEAR SIR,—Your vehement but pointless strictures, I gratified to inform you, have not affected my physiological processes of sleep and assimilation. I do not regard your vaticinations and denouncements as an echo of the voice of the profession, but rather as the distempered incubrations of *one* harassed brain, which confounds querulousness with zeal, aims at "sensation" periods, and revels in patho-philological exercitations.

May I ask—Why of all the candidates am I alone reprobated? Our cause was unsuccessful, and THE LANCET, I suppose, required a holocaust. For two weeks successively I have been offered on the professional altar. It is time for the other candidates to be in turn submitted to expiatory shibboleths.

The medical men spoken of as being deterred from coming forward at a later period are *myths*—like the case of a gentleman in Queen Anne-street, who, I found when I called, had been absent some weeks from town!

Two days before the nomination, I offered Mr. Beal, in presence of several witnesses, £600 for working the election for the remaining five days, with £300 additional in the event of success. Mr. Beal considered this amount too little, and he has since informed me that I acted wisely in the matter; and a solicitor of great experience gave it as his opinion that it was

injudicious to proceed. Numerous freeholders, my staunch supporters, also advised me of Mr. Bird's certainty of success.

If I be honoured with another "Annotation," I must, in justice to myself, place the comments of THE LANCET on June 21st and 28th and July 5th, and the self-stultifying notices of July 12th and 19th, before the public and the profession in an explanatory advertisement.

I am, dear Sir, yours truly,

Fulham, July, 1862. WM. BOYD MUSHET, M.B. Lond.

*** Consistency in support of a principle does not imply continued support of a person who has betrayed that principle. Dr. Mushet's candidature was as feeble as it was mischievous, and his offer of a ridiculously small sum to renew the contest at the last moment was only another instance of his vacillation. —ED. L.

PARISIAN MEDICAL INTELLIGENCE.

(FROM OUR SPECIAL CORRESPONDENT.)

IN a clinical lecture recently delivered by M. Bouchut, at the Hôpital Ste. Eugénie, the employment of veratrine in the treatment of rheumatic fever in children is strongly advocated. M. Bouchut, whose opportunities for testing any novel method of medication are so extensive, comes forward with thirty cases of acute rheumatism, in which veratrine has proved sufficient for the cure of the malady in from three to twelve days, the amelioration setting in on the second or third day of its administration. One of the most remarkable effects of the action of veratrine in rheumatic fever is the rapid fall of the pulse; whatever its frequency, the diminution under the use of this drug is most marked, the pulse falling to sixty or even fifty, becoming almost thready and imperceptible, without causing to the patient any feeling of malaise. This abatement of the circulation M. Bouchut considers as the signal for the diminution of the doses. With regard to the effect of veratrine on heart complications, this is probably indirect and due to the annihilation of the rheumatic poison. Besides its influence on the pulse, this medicine may, if given in too large quantities, irritate the mucous membranes, and produce vomiting, diarrhœa, and colic. The doses should therefore be small, and the ordinary formula recommended is, veratrine and extract of opium one grain each, to be divided into ten pills, of which two pills are to be given the first day, three the second, four the third, five the fourth, and so on, increasing one pill each day until the condition of the pulse or the irritation of the mucous membrane compels a diminution. The difference of price in hospital practice between the use of veratrine and that of sulphate of quinine, is of course one point of comparison in which the advantage remains very decidedly with the former; add to which, in a therapeutical aspect, veratrine is perfectly innocent of those charges of exciting rheumatic determination to the membranes of the brain which in some measure appear to have been justly adduced against quinine since the employment of large doses of this drug has come into fashion.

M. Beau, in a clinical lecture on "Angina Pectoris," when enumerating the causes of this distressing malady, mentions that, besides gout, rheumatism, syphilis, fatty heart, and arterial ossification, it may be produced by tobacco. The effects of nicotine on the heart are characterized by a paralysis of its muscular power, and M. Beau considers that in old smokers particles of nicotine are, by reason of the inertia of the *vis medicatrix* of nature, allowed to collect, and when they have attained a poisonous amount, produce toxical effects.

The death of M. Adelon, ex-Professor of Medical Jurisprudence and Hygiene of the Faculty, has followed very closely upon his retirement from office. He expired, after a short illness, two days ago, and was buried this morning. Although, perhaps, not so brilliant a teacher as his successor, M. Tardieu, he was an honourable and energetic member of the profession, to the service of which he had devoted upwards of sixty-five years of his life.

"La maladie de Graves," as M. Trousseau has named exophthalmic goître, is being studied at the present time with great care in France. A report upon two memoirs, relative to this strange disease, the one by the late Dr. Aran, and the other by Dr. Hiffelsheim, was read by the celebrated Professor to an attentive audience at the Academy of Medicine last week. The question of priority in the recognition of exophthalmic goître as a distinct morbid species had been claimed for Basedow, but M. Trousseau, in proving that Graves in 1835 already accurately described the new disorder, gives to the Dublin professor a clear five years' start of the German pathologist. "In its most common and chronic form," observed the reporter, "this malady presents three principal classes of symptoms—the exophthalmia, the hypertrophy of the thyroid gland, and palpitation of the heart. The exophthalmia is double and exaggerated in some cases, whilst in others it is slight, and accompanied by a kind of nystagmus and strange movement of the globe. There is great difficulty in fixing an object, and the attempt to do so is painful, causing the eye to become unnaturally brilliant and to be suffused with tears. Close application is almost an impossibility; and although in certain cases during sleep the globe of the eye is but incompletely covered by its lids, disease of the mucous membrane or cornea is hardly ever met with." In referring to the goître, M. Trousseau thus expressed himself:—"The tumour of the thyroid body is situated at the base of the cervical region, and frequently bulges on either side of the trachea. This tumour is smooth, and unattended by discoloration of the skin, resembling the goître of pregnant women, so well described by M. Natalis Guillot. Pathologists are agreed as to its more frequent development on the right than on the left side. The hand, if applied over the enlarged surface, perceives a pulsation and feeling of expansion, as of an aneurismal sac. The stethoscope detects a continued bellows-sound, louder with the systole, and great veins and arteries are perceived to ramify on the surface, betokening a general hypertrophy of the gland. The exophthalmia and goître, whether simultaneous or consecutive in their appearance, are most important with reference to diagnosis, as in no other malady do these two morbid conditions necessarily co exist; moreover, the ocular prominence and the thyroid tumour augment or diminish simultaneously in each paroxysm—proof positive of their being dependent upon the same cause. Nevertheless, it must be admitted that in those cases in which cure has been attained, complete reduction of the ocular displacement has occurred, whilst the goître has always left permanent traces. The intimate relation of the exophthalmia and goître with the third phenomenon—viz., palpitation of the heart—has been noticed by all the authors, the three together constituting the symptomatic triad of Graves's disease; and Stokes, in his treatise on diseases of the heart, does not hesitate to characterize the malady as a cardiac neurosis." With regard to M. Aran's theory, that the cause of the symptoms was connected with a hypertrophied condition of the heart, M. Trousseau here expressed his dissent by stating that in the majority of cases it does not exist, and that when present it is an accidental occurrence. The Professor's own opinion is, that exophthalmic goître is a neurosis, accompanied by local determinations of blood, and having as its proximate cause a modification of the vaso-motory apparatus. This theory certainly explains the occurrence of disturbance in regions supplied by branches from the sympathetic. M. Aran had, for the purpose of explaining the projection of the ocular globes, invoked the existence of an orbital muscle, described by Henri Müller as found in man; but M. Trousseau was unwilling to accept this method of accounting for the exophthalmia, which he believed to be exclusively congestive. The two great indications of treatment are the calming of the action of the heart, and the re-establishment of the menstrual function. The first is attained by digitalis, and the continuous application of ice (as suggested by M. Aran) to the region of the heart; the second, by any of the well known means at our command, and M. Trousseau more especially mentioned hydropathy, rationally and methodically employed.

Paris, July 22nd, 1862.

LAW VERSUS EQUITY.—In the Court of Exchequer a case has recently been decided which shows how hazardous it is for any person to effect an insurance in an office where the policies are disputable. In 1859, a Mr. Campion effected an insurance in the Scottish Widows' Fund Assurance Company. In his examination by the medical referee of the Company, Mr. Campion declared that he had "never suffered from any other disease than flatulency and indigestion." Upon his death, and the claim being made, it was alleged that he had died from the effect of a tumour in the stomach which had existed at the time of his effecting the insurance. His medical attendant swore that he did not inform Mr. Campion of the existence of the tumour. The verdict, however, went in favour of the Company, who admitted that Mr. Campion had stated in his examination only what he conscientiously believed to be true.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 22nd inst., and, when eligible, will be admitted to the pass examination :—

Anderson, Edward Charles.
Baird, John.
Barter, Richard.
Cornish, George Bishop.
Dale, Frederick.
Fawcett, Francis Molineaux.
Gill, George.
Green, John.
Grosvenor, George Fut.
Haigh, Samuel.
Jackson, Richard.
Langston, Thomas.
Meyrick, Edward Webber Warren.
M'Kenzie, John.
Nash, Walter Llewellyn.
Pooley, John.
Pratt, John.
Prince, John.
Thyne, Thomas.
Watson, Thomas William Wasdale.
Whiteley, John.
Whiting, James David Charles.
Wills, Charles James.
Wilson, Henry.
Wright, Joseph Brampton.

The following gentlemen passed their primary examinations on the 23rd inst. :—

Beeby, Walter Thomas.
Cameron, Archibald Henry Foley.
Denny, Charles John.
Evans, David.
Fennelly, Richard.
Jones, John Thomas.
Lowe, Robert Whittington.
Moon, Robert Charles.
Ready, William John.
Renton, George.
Rogers, William Moon.
Wey, William John.
Williamson, Ninian Alexander.
Wynne, John Kendrick.

The following gentlemen passed their primary examination on the 24th inst. :—

Arnott, Henry.
Carver, Charles Handasyde.
Dermott, Fitzherbert.
Drummond, Edward.
Edwards, John Henry.
Fuller, James Mortimer.
Gregson, George.
Murray, James.
Pettinger, William Murr.
Rutherford, Edward.
Starling, George.
Sharp, George Wyatt.
Wood, Thomas Arthur.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 17th inst. :—

Biddle, Thomas James, Army Medical Staff H.P.
Britton, Thomas, St. Thomas's Hospital.
Hilton, Caleb Samuel, Trinity-square, Borough.
Hitchings, George Charles Henry, Oriel, Oxford.
Mossman, Robert Conrad, Devonport.
Reed, Baynes, Lock Hospital.
Waghorn, Henry, Soho-square.

The following gentlemen also on the same day passed their first examination :—

Alderson, Frederick Henry, Middlesex Hospital.
Bovins, Charles, St. George's Hospital.
Clifton, George Henry, Middlesex Hospital.
Evershed, Arthur, Guy's Hospital.
Grimbly, Owen, St. Thomas's Hospital.
Lucas, Thomas, Middlesex Hospital.
Morley, Frederic, St. George's Hospital.
Pearce, Francis Drake, St. Bartholomew's Hospital.
Way, John Palmer, St. Thomas's Hospital.
Weaving, Albert, Middlesex Hospital.
Wintle, Richard Prior, St. George's Hospital.

A NEW STYPTIC has been discovered in the Palla Tibolii, a Javanese plant.

THE USE OF CYDER IN DIABETES. — Several American physicians have recently advocated the use of cyder in diabetes.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS. It has been resolved to appoint two additional assistant-surgeons to this hospital.

AN UNEXPECTED LEGACY. — The Secretary of the Bristol General Hospital acknowledges the receipt of £450, part of the tenth of an unexpected legacy.

LONDON WATER SUPPLY.—The water used in London in June, according to the analysis of Dr. R. D. Thomson, exhibits less organic matter than in the previous month.

SISTERS OF CHARITY AS HOSPITAL NURSES.—Several Sisters of Charity have lately passed through Lyons on their way to Marseilles, where they are to embark for Mexico to attend at the hospitals of the army.

WILD THYME IN WHOOPING-COUGH.—M. Joset says that an infusion of wild thyme will, in many cases of whooping-cough and affections of the air-passages, remove the complaint when all other remedies fail.

CITY OF LONDON UNION.—From the Central London District School Report, it appears that of the 277 children belonging to the Union, so large a proportion as 104 were on the medical officer's books. Of these, 90 had weak eyes.

ASTLEY COOPER PRIZE. — The triennial prize of 300 guineas has been awarded to Dr. Edwards Crisp, for his essay on the "Anatomy, Physiology, and Pathology of the Human Pancreas." This is the second time that Dr. Crisp has been the successful competitor for the Astley Cooper prize.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.—The President and Fellows have directed that Dr. Robert Law shall continue to hold the Professorship of the Institutes of Medicine for a further term of seven years.

ATMOSPHERIC TIDES.—M. Mathieu affirms that he has discovered regular tides in the atmosphere precisely analogous to those of the sea, which reduce varieties of temperature to settled rule, by which the weather can be foretold long in advance with scientific accuracy.

THE CORK DISPENSARIES.—A resolution was proposed to the Dispensary Committee of the Cork Union to amalgamate two of the dispensaries, which would have had the effect of causing patients to journey a considerable distance for relief. This was met by a counter-proposition to increase the number of existing dispensaries, which was finally carried.

CONVERSAZIONE AT ST. BARTHOLOMEW'S HOSPITAL.—On the 11th inst., Mr. W. Foster White gave an entertainment at this hospital, which was attended by upwards of a thousand gentlemen, many of whom were of the medical profession. Many novelties were exhibited, and the meeting proved the great progress that had been made during the past year in science and art, as well as in subjects more particularly connected with the profession.

THE PROFESSOR OF PHYSIOLOGY AT THE UNIVERSITY OF MELBOURNE.—We have great satisfaction in stating that Dr. Halford, Lecturer on Anatomy at the Grosvenor-place School of Medicine, has been appointed Professor of Anatomy, Physiology, and Pathology, at the University of Melbourne. This appointment is of the value of £1000 a-year; it was in the gift of Professors Owen and Paget. In Dr. Halford they have secured for the colony an able, industrious, and skilful teacher, who will, we trust, by his future labours greatly advance the interests of the sciences which he is selected to teach.

CARELESS EXAMINERS OF PRIZE ESSAYS.—The Medico-Practical Society of Paris had offered a prize for the best essay on "Eczema." The Committee appointed to examine the papers sent in, awarded the prize to Essay No. 1, which was accompanied by the following motto, "Jure meritoque inter difficilia artis opera," &c.; but the sealed envelope, containing the name of the author, had been mislaid. The Committee have, therefore, been obliged to request the assistance of the medical press to announce the fact in their columns, so that the author might have an opportunity of making himself known.

DEATH OF DR. BERNARD, OF CORK. — This excellent and laborious physician died on the 9th inst. at Cork, from typhoid fever of the worst kind, taken whilst in the discharge of his duties as medical officer of the central district of the city. The ordinary life of a medical man involves an amount of fearful anxiety and tremendous responsibility, that in the end make the young man old, and the most frivolous often thoughtful and sad. The overcrowded population amongst whom Dr. Bernard laboured required his daily, almost hourly, attendance in places which it was dangerous to visit, and at last he suffered, to the great regret of all who were associated with him.

EMBALMING AMERICAN SOLDIERS.—An occasional correspondent of *The Times* states that he saw some of the embalmed bodies under the charge of "Drs. Brown and Alexander, Government embalmers." They told him that the principal ingredient for embalming was a composition of a kind of liquid glass (water glass?) and gypsum, which hardened to a substance like stone. In this state the body would keep for many years, perhaps for ever. They charged for embalming a private, twenty-five dollars; for an officer, fifty. Since the commencement of the war, above 2000 bodies have been embalmed and sent home.

TESTIMONIAL TO JOHN TOMES, ESQ., F.R.S. — On the evening of Wednesday, the 16th inst., the friends of Mr. Tomes invited him to a public dinner, in order that they might avail themselves of the opportunity to offer him some slight token of their appreciation of his efforts to promote the advancement of the dental profession. So far back as twenty years, it appears, Mr. Tomes, as a dentist, felt that a legal recognition and qualification were the great desiderata which should be laboured

for; and since then he has been zealously and untiringly exerting himself for their accomplishment. Apart from this, however, by his scientific research and published opinions on the subjects of Dental Physiology and Surgery, he has won the esteem and admiration of many of his professional brethren both at home and abroad. The establishment of the new degree of Licentiate in Dental Surgery by the Royal College of Surgeons having proved itself to be the consummation so long devoutly wished for, by the fact of so many of the influential dentists in the metropolis and the provinces possessing themselves of it, the occasion was considered opportune for expressing their sense of the value of Mr. Tomes' many and long-continued services. The chair was occupied by S. Cartwright, jun., Esq., M.R.C.S., who, in a highly eulogistic address, recapitulated the valuable and unceasing efforts made by Mr. Tomes, in all directions, for the general good; and gracefully begged his acceptance of the service of plate, which had been most heartily subscribed to by his professional friends. The testimonial consisted of a handsome silver tea and coffee service, together with an elaborate centre-piece, by Garrard, mounted on a stand, and bearing the following inscription—"Presented to John Tomes, Esq., F.R.S., by several of his brother practitioners, in acknowledgment of the many valuable services he has rendered to his profession. July 16th, 1862." This was accompanied by an illuminated list of the subscribers' names on a scroll of vellum. Mr. Tomes, in returning thanks, explained the reasons for his past conduct, and was many times interrupted by long-continued cheering.

VITAL STATISTICS OF TASMANIA.—At a recent meeting of the Epidemiological Society, Dr. Babington in the chair, a communication from Dr. S. Hall, of Hobart Town, on the death-rate of this important colony during 1861, was read. The total number of deaths in all the registration districts of Tasmania was 1479, out of a population of about 90,000. This gives a rate of mortality of a trifle over 16 in every 1000, or one death in about 61 individuals. In the healthiest districts of England the death-rate is 17 per 1000, and this is assumed by the Registrar-General as a standard of what the death-rate might be throughout the United Kingdom, if due attention were paid to the means of sustaining public health. Among the rural population of Tasmania, estimated at 54,000, the death-rate was only a fraction over 11 per 1000.

PARLIAMENTARY INTELLIGENCE.—The Council of Medical Education Bill was read a second time in the House of Lords on the 17th inst.—In the House of Commons, on the same day, on the order for considering the Lords' amendments of the Lunacy (Scotland) Bill, the Lord Advocate called attention to the fact that the alteration made by the Lords completely changed its character. As the Bill passed the Commons, it continued the functions of the existing Board of Commissioners for two years, after which the duties were to be exercised by the Home Office. The House of Lords had negatived this provision. On the motion of Mr. Blackburn, an amendment to the Bill, as it came down from the Lords, that the board in question should continue till Parliament should otherwise determine, was agreed to.—On Monday the Lunacy Regulation Bill was read a third time in the House of Commons. Mr. Berkeley presented a petition from the guardians of the poor of the Clifton Union against the Lunacy Act Amendment Bill. In a Committee of Supply, the following among other grants were made:—For Public Infirmaries (Ireland), £2539; Westmoreland Lock Hospital, Dublin, £2600; Rotunda Lying-in Hospital, £700; Coombe Lying-in Hospital, £200; House of Industry Hospital, £7600; Cork-street Fever Hospital, £2500; Meath Hospital, £600; St. Mark's Ophthalmic Hospital, £100; Dr. Steevens' Hospital, £1300.

INAUGURATION OF THE STATUE OF M. BONNET, THE LATE EMINENT SURGEON, AT LYONS.—The well-executed statue of this great surgeon and excellent man was uncovered with great pomp on the 2nd instant. The municipal authorities, scientific and literary men, and the most eminent members of the profession of Lyons were present at the ceremony, and discourses were delivered in the name of the different scientific bodies to which M. Bonnet had belonged. In these panegyrics his useful life, great talents, and amiable qualities were eloquently set forth.

THE BISHOP OF LABUAN AND THE BORNEO PIRATES.—It is gratifying to state that a member of our profession, Dr. M'Dougal, the Bishop of Labuan, rendered essential service in the expedition of the Sarawak Government against the Borneo pirates on the 2nd of June, under the command of Rajah Mudah (Captain Brooke, son of Rajah Brooke). His medical skill was of the greatest service to the wounded, whom he attended with the most devoted zeal. Nor were his services less efficient in the actual conflict; for having, as we believe, served both in the army and navy, he is familiar with the use of arms, and distinguished himself by the bravery which he displayed in the fight. His own modest account of the engagement proves that he is not neglectful of the duties which his sacred calling imposes upon him, and that his humanity equals his courage and skill.

ANCIENT QUACKERY.—A curious paper, of which the following is a copy, was found the other day in pulling down Call-lane Chapel, Leeds:—"Leeds, September 16th, 1763.—This day se'nnight will arrive in this town Doctor and Professor Hilmer, Physician and Aulick Counsellor to his Prussian Majesty, who has, amongst other great cures, restored many thousand blind persons to their sight in a few minutes, and has gained the greatest reputation in curing disorders in the eyes over all Europe. The incurable he immediately dismisses, and cures the poor the first two days gratis. His stay here will be about eight days. He lodges at the King's Arms."

HEALTH OF LONDON DURING THE WEEK ENDING SATURDAY, JULY 19TH.—Eleven hundred and eleven deaths were registered in London in the week that ended last Saturday. The average number of deaths in weeks corresponding with last week of the ten years 1852-61 (corrected) is 1201. The present state of the public health is therefore so far good, that the number of persons who died last week was less by 90 than the number that would have been recorded if the average rate of mortality for the third week of July had prevailed. The births of last week exceeded the deaths in the same time by 701. There were four deaths from small-pox, two of which occurred in the sub-district of St. John, St. George-in-the-East. Typhus, of which 68 fatal cases were recorded, exhibits an increase on any weekly number returned since the middle of June. Nine deaths out of the 68 are reported by the London Fever Hospital. Four deaths by typhus occurred in the Belgrave sub-district, 4 in that of the Regent's park. Measles and scarlatina were fatal each in 55 cases. The former disease prevails chiefly in the East districts, where it carried off 9 children in Bethnall-green, 4 in Shadwell. The deaths from diarrhœa were the same in number as those of the previous week, namely 39. Besides these, two cases are referred to cholera.

MEDICAL VACANCIES.

An Assistant Medical Officer is required for the North Wales Counties Lunatic Asylum.

There is a vacancy in the Taunton Union for a Medical Officer for the West Monkton District.

A vacancy has arisen for a House Surgeon for the Lancaster County Lunatic Asylum.

The office of House Surgeon to the Birmingham and Midland Free Hospital for Sick Children is now vacant.

A Junior House Surgeon is wanted for the Liverpool Southern Hospital.

MEDICAL APPOINTMENTS.

THE Council of University College, at their session on the 19th inst., appointed Dr. John Russell Reynolds special Professor of Clinical Medicine to the College, and Physician to the Hospital, in the place of Dr. Jenner, who now holds the office of Professor of the Principles and Practice of Medicine in the College, with the Physicianship attached to it.

Dr. W. Wood has been appointed Physician to St. Luke's Hospital, in place of Dr. A. J. Sutherland, resigned.

Mr. John C. Wordsworth has been elected Surgeon to the Royal London Ophthalmic Hospital.

Mr. W. S. Wallen has been appointed Surgeon and Public Vaccinator to the West District and Workhouse, Rotherhithe.

Dr. Henry Day has been elected Senior Physician, and Dr. Powell, Junior Physician, to the Stafford County Infirmary.

Mr. John Davies has been appointed Surgeon to the Cheltenham and Gloucestershire Ophthalmic Infirmary, vice Mr. Jessop, deceased.

Dr. Edward Williams has been appointed Honorary Physician, and Dr. Peter M. Duncan, Consulting Surgeon, to the Essex Hall Asylum for Idiots, near Colchester.

Mr. Edward Pearl has been elected Medical Officer for the Windsor District of the Windsor Union, vice Dr. Geoffrey Pearl, resigned.

Dr. William Fordon has been appointed Deputy Medical Officer for No. 1 Oldswinford District of the Stourbridge Union, Worcestershire.

Dr. Ewing Whittle has been appointed Lecturer on Medical Jurisprudence at the Liverpool Royal Infirmary School of Medicine, vice Dr. Francis Ayrton, resigned.

Mr. Hugh S. Hughes has been elected Medical Officer and Public Vaccinator for the Walsham-le-Willows (or No. 6) District of the Stow Union, Suffolk, vice Mr. Walton Kent, deceased.

Mr. John Ireland has been elected Vaccinator for the Kingswinford District of the Stourbridge Union, Worcestershire.

Mr. W. Dalrymple has been elected Dispenser to the Leicester Provident Dispensary.

Mr. Thos. Geo. L'Enardi Baretti has been elected Surgeon to the Free Institution for Diseases Peculiar to Women and Children, Bristol.

Mr. Timothy H. Martin has been elected Medical Officer for the Worth District of the East Grinstead Union, Sussex, vice Mr. Thomas Smith, deceased.

Mr. Daniel Weld Phillips has been appointed Vaccinator for the Hales-Owen District of the Stourbridge Union, Worcestershire, vice Mr. Chas. Wm. Milnes Bloxham, resigned.

Sir James Lomax Bardsley, M.D., has been appointed a Deputy Lieutenant for the County of Lancaster.

Births, Marriages, and Deaths.

BIRTHS.

On the 20th March, at Wellington, New Zealand, the wife of Alex. Johnston, Esq., M.R.C.S., Colonial Surgeon, of a daughter.

On the 26th May, at Magill, South Australia, the wife of Jas. Todman, M.D., of a son.

On the 5th inst., at Great Malvern, the wife of Thomas Rayner, M.D., of a daughter.

On the 6th inst., at Orchard-street, Portman-square, the wife of Wm. Squire, L.R.C.P., of a son.

On the 9th inst., at Sandgate, Kent, the wife of Dr. Inglis, C.B., 64th Regt., of a son.

On the 13th inst., at Bermondsey, the wife of H. Cuolahan, M.D., of a daughter.

On the 13th inst., at Victoria-street, Belfast, the wife of T. C. Steuart Corry, M.D., of a son.

On the 16th inst., at Millbrook, Devonport, the wife of A. B. Cheves, M.B., of a son.

On the 16th inst., at Aveley, Essex, the wife of W. F. Vidal, Esq., M.R.C.S., of a daughter.

On the 20th inst., at Queen Anne-street, the wife of Patrick Black, M.D., of a son.

MARRIAGES.

On the 27th March, at St. George's Cathedral, Freetown, Sierra Leone, James Africanus Beale Horton, M.D. Edin., Staff Assistant-Surgeon of H.M. Forces on the Gold Coast, to Fannie Marietta, eldest daughter of W. H. Pratt, Esq., Marshal of the Vice-Admiral's Court of Sierra Leone.

On the 1st inst., at St. Michael's Church, Stone, J. Allen, M.D., of Longton, to Elizabeth, daughter of R. Steele, Esq., Kibblestone Villa, Stone.

On the 8th inst., at Union-street, Aberdeen, Alex. Gibbon, Deputy Inspector-General of Hospitals, late of H.M.'s Bengal Army, to Helen Lumsden, second daughter of Wm. Pirrie, Esq., F.R.S.E., Professor of Surgery in the University of Aberdeen.

On the 10th inst., at the Parish Church, Epsom, Surrey, the Rev. Wm. Wale, of Richmond, Fellow of the University of Durham, and Head Master of Tottenham College, to Charlotte Mary, second daughter of Joseph Ward, Esq., M.R.C.S., Hill House, Epsom.

On the 14th inst., at Dresden, Hugo Seller, M.D., son of the late Burkhardt W. Seller, M.D., to Mary, youngest daughter of Frederick Harck, Esq., of Leipsig.

On the 15th inst., at Lavenham, Suffolk, R. Edgar E. Barkway, Esq., M.R.C.S., Bungay, to Emily Wilhelmina, daughter of W. Middleton White, M.D., Lavenham.

On the 22nd inst., at Bassaleg Church, W. L. Winterbotham, M.B. Lond., of Bridgwater, to Rose, second daughter of H. Collins, Esq., of The Duffryn, Newport, Monmouth.

DEATHS.

On the 21st inst., George Smith Brent, Esq., L.S.A., in his 80th year. Mr. Brent was Deputy Coroner for the Western Division of Middlesex for many years.

On the 3rd ult., Andrew Chadwick Fenoulhet, Esq., M.R.C.S., Medical Officer of the Wyke Regis District, Dorset, aged 42.

On the 2nd inst., off Madeira, on his passage to England, Assistant-Surgeon Alfred King, R.N., invalided from the *Isis* depôt ship at Sierra Leone.

On the 3rd inst., at Forster House, Dorchester, Lydia, the wife of J. Gustavus Symes, Esq., M.R.C.S., Medical Superintendent of Dorset County Asylum.

On the 9th inst., at Hertford, Richard D. J. Evans, M.D., youngest son of the late Rev. William Evans, Upton Castle, Pembrokeshire.

On the 10th inst., at Havering Atte Bower, near Romford, Mrs. Sarah Tomes, relict of the late Francis Tomes, Esq., Surgeon, of St. Aldate's, Oxford, aged 64.

Medical Diary of the Week.

MONDAY, JULY 28	ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M. METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.
TUESDAY, JULY 29	GUY'S HOSPITAL.—Operations, 1½ P.M. WESTMINSTER HOSPITAL.—Operations, 2 P.M.
WEDNESDAY, JULY 30	MIDDLESEX HOSPITAL.—Operations, 1 P.M. ST. MARY'S HOSPITAL.—Operations, 1 P.M. UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M. ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.
THURSDAY, JULY 31	ST. GEORGE'S HOSPITAL.—Operations, 1 P.M. CENTRAL LONDON OPHTHALMIC HOSPITAL. — Operations, 1 P.M. LONDON HOSPITAL.—Operations, 1½ P.M. ROYAL FREE HOSPITAL.—Operations, 1½ P.M. GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M. LONDON SURGICAL HOME.—Operations, 2 P.M. WEST LONDON HOSPITAL.—Operations, 2 P.M.
FRIDAY, AUG. 1	WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.
SATURDAY, AUG. 2	ST. THOMAS'S HOSPITAL.—Operations, 1 P.M. ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M. KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M. CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

Young Doubtful.—We think our correspondent would do well to make the experiment. At any rate a good authority (*Edinburgh Veterinary Review*) has lately given the opinion that there is ample scope for veterinarians in Great Britain and Ireland. "Not only towns and districts, but whole counties are still without a qualified veterinarian, and animals must be left to the mercy of those who make cattle swallow toads, who cut and pickle the tail for the *tail-ill*, amputate the delicate haw for the supposed disease which they call the 'hawks,' or destroy the sensitive nerves of the tongue to prevent madness."

Wager.—The eminent statesman in question rode hard, after the fashion of the times. According to Lady Hester Stanhope, three or four persons died successively in his service from the pace at which he travelled.

SPASMODIC VOMITING.

To the Editor of THE LANCET.

SIR,—In several cases of young children and infants I have seen obstinate vomiting relieved by minute doses of a strong tincture of nux vomica—e. g., equal to about the tenth part of a drop of the Dublin tincture in half a teaspoonful of iced water for a child one year old or more, so that the strychnine recommended by "R. W. F." may probably give temporary relief. Chloroform in drop doses on a piece of sugar will often be of service. (In sea-sickness it is very useful.)

I have met with two cases at least very similar to that described by your correspondent, "Kappa," one of which, an unmarried lady, aged twenty-two, had gone through the whole routine of prussic acid, creasote, ether, &c., with the very questionable remedies of leeches, blisters, and turpentine stupes, when she was almost dying from exhaustion. Tincture of ipecacuanha and solution of tartar emetic,* in doses containing the fraction of a drop, were the first medicines given with decidedly good effect; afterwards arsenic, secale, sulphate of zinc, cinchona, iron, and some others completed the cure. Galvanism, wet compresses and sponging, and medicated poultices were useful auxiliaries.

I wish your correspondent—even as a last resource, and as such perhaps more liable to fail—would at least *try* what the above will do. In one remarkable case of vomiting attendant on pregnancy, the only thing that would remain on the stomach was a small portion of hard-boiled egg dipped in vinegar, and this I believe chiefly preserved the woman's life.

I am, Sir, yours obediently,

London, July, 1862. C. C.

* See a foot-note in Dr. Billing's Practice of Medicine.

J. C.—The letter in question appears in THE LANCET for March 8th, p. 263. Our correspondent had better refer also to the number for April 5th, p. 371, in which are contained some observations explanatory of the mode of preparing the syrup of Iceland moss.

A Constant Reader, (Beverley.)—The paragraph was probably inserted without the knowledge of the gentleman to whom it refers.

THE HOSPITAL FOR STONE.

To the Editor of THE LANCET.

SIR,—I see in your Journal of last week a note from Mr. Streatfeild relative to his name appearing as one of the stewards of the dinner of the above hospital. I must take upon myself the blame of this mistake. As a personal friend, I wrote to him about being a steward, and I received his reply, which was written in a joking manner, and so I suppose I mistook his letter, as I did not understand it to be a refusal. I can only say that I sincerely regret the occurrence of the mistake, and remain, Sir,

Your obedient servant,

Old Burlington-street, July, 1862. ARMSTRONG TODD, M.B

F.R.S. is quite right. The large pipes used as the conduit of water from Loch Katrine to Glasgow are four feet in diameter. It is not the iron which opposes the greatest resistance to a tensile strain or to compression that is most effective to resist impact. The presence of a small per-centage of carbon causes brittleness, and toughness combined with tenacity are the qualities required. For this resistance the fibrous English iron may defy competition.

Traveller.—Dr. Leichhardt left Sydney, with a large and well-equipped party under his command, early in 1848, to explore Central Australia. Of the fate of himself and his whole company, no trace has ever been discovered up to the present time.

X. Y. Z. shall receive an answer next week.

A Constant Reader.—He is entitled to 3*s.* 6*d.* for a day visit; 7*s.* 6*d.* for a night visit.

LIQUOR FOLII RICINI AS A GALACTAGOGUE.

To the Editor of THE LANCET.

SIR,—On looking over a file of THE LANCET of last mails—viz., February and March—I noticed an advertisement of Liquor Folii Ricini, for increasing the secretion of milk in suckling women. I also observe a notice (p. 343), to the effect that "the negroes of the West Indies are said to place great faith in the leaves of the castor-oil plant as forming a galactagogue, and to frequently use it for this purpose, applied fresh and bruised, to the breasts."

I can bear testimony to the efficacy of the application of the bruised leaves of the castor-oil plant as a producer of the lacteal secretion, having first heard of its powers in the Island of St. Vincent, one of the Cape de Verde group, and a coaling station for outward-bound steamers on their route to the East Indies and Brazils. I was there in 1858, and received the following account from Mr. Miller, the British Consul resident in the before-named island. I will give you his statement, and as near as I can recollect in his own words. He said—"The negresses use the bruised leaves as a poultice whenever there is any scarcity in the secretion from the breasts whilst suckling, and without ever doubting its success." He then went on to inform me that "an old negress (past the age of child-bearing) had, during a time of famine there, supported her son, who would otherwise have died of starvation, solely by the food produced from her own breasts, and stimulated to secretion by the application of the bruised leaves of the palma christi. This case," he continued, "I can vouch for, knowing the woman well; and," he added, "it appears to be so powerful a stimulant to the mammary glands, that it is said to produce milk from the breast of the male, but of this I can only speak from hearsay."

He did not mention its being given internally, as in the advertisement alluded to, but solely as an external agent. Acting upon this idea, I have used it as an application to the lining membrane of the outer ear, half way down the auditory passage, as a stimulant where the secretion of cerumen is deficient or totally wanting, as is frequently witnessed in cases of chronic deafness, and with the happiest results.

Having been a reader of THE LANCET for thirty years, and derived much useful information therefrom, I feel that if I can confirm the use of a remedy not much known, I am only repaying in degree the benefit I have received.

Your obedient servant,
Melbourne, Australia, May, 1862. RICHARD HEATH, M.R.C.S.E.

Dr. Colmer has taken offence at a paragraph which appeared in a late number of this journal, headed "Dr. Colmer come to Town." Surely he is angry without cause. The addition "Yankee Doodle," &c., had evidently no reference whatever to Dr. Colmer personally, but only to the mode in which he was received by his fellow-townsmen. Dr. Colmer, having passed an excellent examination, and been received with acclamation in his native town, should smile at a harmless joke good-naturedly applied to his neighbours.

Patient.—The C. J. Williams, of Wimpole-street, Cavendish-square, is not the Dr. C. J. B. Williams.

Assistant-Surgeon, V.A.—He can claim exemption.

PHYSALIS ALKAKENGI.

To the Editor of THE LANCET.

SIR,—Having heard of a severe case of gout that has been successfully treated by Dr. Saville's plan, which had resisted the ordinary treatment of gout in professional hands, you would confer a great favour on a regular subscriber of THE LANCET if you could give any further information in an early number respecting the mode of administration and dose of the physalis alkakengi (winter cherry), and where the plant can be obtained.

I am, Sir, yours respectfully,
July, 1862. M.D.

The Coronership of the Western Division of Middlesex.—The *West Middlesex Advertiser*, a journal which has an extensive circulation in that district, contains an able leading article on the late contest for the Coronership. It gives in its adhesion to the importance and necessity of the Coroner being a medical practitioner, and expresses its surprise that Dr. Mushet should have withdrawn in the manner he did, as "he had a very excellent chance of success."

Docterin (Clapton) shall receive the information he requires if he will send us his name and address.

Resident in the Black Country.—We cannot publish such statements on mere anonymous authority.

A Devoted Reader of THE LANCET.—There is no pecuniary consideration.

THE UNIVERSITY OF LONDON.

To the Editor of THE LANCET.

SIR,—Will you allow me to direct the attention of gentlemen who are about to present themselves for the M.B. examination of the University of London to the fact, that they will be examined in the operations on the dead body; and that if they (like myself and others last year) put off going through a course until the winter session has commenced, they will find, as we did, that bodies are not to be had for the purpose. Yours obediently,
London, July, 1862. M.B.

Dr. Apatousky.—We are fully aware of the novel operations which are being performed at the establishment visited by our correspondent. He may rest assured that our critical consideration of them will not be wanting when the proper time for such duty shall arrive.

Mr. J. Cousin.—As no bad effects have been experienced, there is no cause for future alarm.

A Victim of Registration, (Portsmouth.)—Any person can prosecute; but it is doubtful whether a conviction could be obtained.

THE POSITION OF MEDICAL ASSISTANTS.

To the Editor of THE LANCET.

SIR,—It is not to be expected that anyone will try to better the position of assistants if we do not take the proper means ourselves. *Now*, the question is, What are the means to be adopted? Unity is strength. Certainly there are enough of us to constitute strength; but how are we to get that unity which will enable us to work together as a body, and for the individual good of each and all collectively?

As there seems to be a wish on the part of several of your correspondents (whose letters in your journal I have with pleasure read) to have something done to better the position of assistants, I will, if you allow me, offer a few suggestions that will tend to our advancement and good.

In the first place, we want an Assistants' Club-house in London for the out-of-place assistant, where lodgings and food can be had at a little weekly cost, and where principals could apply to, to secure the services of an assistant. Of course a small subscription would be required from every assistant wishing to partake of the benefits, and to become members, of the Club, in which principals might join their mite to the benefit of themselves. There are always hundreds of assistants out of berths who would be very glad to mix with others similarly placed to themselves, to have a comfortable and cheerful home at little cost; also to find another berth, without having to fee an agent. Practitioners would also more readily meet with a suitable assistant. Then, again, the evening could be spent in debate, the management of the Club, meetings held for the advancement of the interests of assistants generally; the medical periodicals provided, and perhaps a library.

Such a scheme as this would be self-supporting, and be a great boon to us all, allowing us the opportunity of working together, and enabling us to get the market value for our services.

I hope you will lend your influence to the scheme, and that as the movement is agitated it may be permanently carried out.

I remain, Sir, yours respectfully,
July, 1862. A TWELVE-YEARS' ASSISTANT.

Mr. J. C. C. would be subject to the new regulations. He will excuse us sending a private note.

Dr. J. M'Grigor Croft.—There will be no difficulty in finding a suitable candidate in the event of another vacancy.

R. C. J. N. (Sheffield.)—It is constitutional. The question cannot be answered more in detail in this place.

Sperans.—1. It varies.—2. The Directors of the Company.

CHRONIC ECZEMA.

To the Editor of THE LANCET.

SIR,—Will you allow me to inquire if any correspondent can kindly recommend some remedy for a case of chronic eczema, affecting the flexures of the elbows (with severe irritation), in which the usual remedies have failed?—and oblige, Yours respectfully,
Worcester, July, 1862. W.

ERRATUM.—Mr. E. D. Macleane was erroneously stated in the last LANCET to have obtained the degree of Bachelor of Medicine.

COMMUNICATIONS, LETTERS, &c., have been received from—Professor Syme, Edinburgh; Mr. Henry Lee; Dr. Chapmell, Paris; Mr. C. J. Mayhew; Dr. Cheves, Millbrook; Rev. J. R. Taylor, St. Clear's, (with enclosure;) Dr. Low, Martley; Dr. Murray, Newton Stewart, (with enclosure;) Dr. Ashe, Dundalk, (with enclosure;) Mr. Sanby, (with enclosure;) Mr. Dutt, Bhowanipore; Mr. Heath, Melbourne; Mr. Eager; Mr. Bradbury, Salford; Mr. M'Faddin, Batley, (with enclosure;) Mr. Berry, Belfast, (with enclosure;) Mr. Hiles, Birmingham, (with enclosure;) Mr. Buchanan, Killena, (with enclosure;) Mr. Hill; Dr. Apatousky; Dr. Keith, Logie; Mr. Cripps, (with enclosure;) Mr. G. Hodgkinson, Stalybridge, (with enclosure;) Mr. Appleyard, Grimsby, (with enclosure;) Dr. Oliver, Edinburgh; Mr. Wordsworth; Dr. Black, Oban; Mr. Constable; Mr. Chorley, Taunton; Mr. Duke, Battle, (with enclosure;) Mr. Baillie, Seetapore; Mr. J. Jones; Mr. T. J. James, Talyfont; Dr. Mushet, Fulham; Mr. Hall; Dr. Tyley, Panborough, (with enclosure;) Mr. Thompson, Leicester; Mr. Jessop, Leeds; Mr. J. Davies, Cheltenham; Mr. Stokoe, East Farleigh; Mr. Seward, Pelsey; Mr. Saxby; Dr. Williams, High Wycombe, (with enclosure;) Mr. Caley, Kingsley, (with enclosure;) Dr. Knox; Mr. Wilson, Over Middlewich, (with enclosure;) Mr. Cottingham, Minster, (with enclosure;) Dr. Hardy, Byer's Green, (with enclosure;) Mr. Shaw, Battersea, (with enclosure;) Mr. J. Carruthers, (with enclosure;) Mr. Barter, Bath, (with enclosure;) Mr. Longstaff, Woburn; Dr. Halford; Dr. Clay; Mr. Lawton, Sheffield, (with enclosure;) Mr. Hearndan, Sutton; Dr. Williamson, (with enclosure;) Mr. G. T. Jones, Denbigh; Mr. Forsham, Preston, (with enclosure;) Mr. Tildesley, Willenhall, (with enclosure;) Mr. Edwardes, Llansaintffraid; Mr. Heathcote, Manchester, (with enclosure;) A Subscriber; M.D., Registered; T. P., Leiston, (with enclosure;) A Resident in the Black Country; Assistant-Surgeon, V.A.; A Constant Reader; Docterin; A Twelve-Years' Assistant; A Sufferer from Acidity; X. Y. Z.; A Devoted Reader of THE LANCET; Sperans; the President of the Royal College of Surgeons of England; M.D.; R. C. M.; An Old Subscriber; A Victim of Registration; John Bull; Omega; W.; &c. &c.

The West Middlesex Advertiser has been received.